MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

11334

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place) 1 hr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE ~~Maryland~~ Illinois COUNTY ~~Monty~~ Cook
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ~~Rockville~~ Chicago
STREET ADDRESS (If rural give location) 1429 Altgeld Ave. ~~Chestnut Lodge Sanitarium~~

3. NAME OF DECEASED (Type or Print) (First) Jerry (Middle) L (Last) Abelson
4. DATE OF DEATH (Month) 11 (Day) 21 (Year) 1950
5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Unknown exact
9. AGE last birthday App. 32 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Steel work
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Chicago, Illinois
12. CITIZEN OF WHAT COUNTRY U.S.A.
13. FATHER'S NAME Al Abelson
14. MOTHER'S MAIDEN NAME Ann Wolfson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) UNKNOWN (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT Norman Gordon

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

976X Immediate cause (a) Hemorrhage due to bullet wound thru skull — 1½ hrs.

164C Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. War a mental patient

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☑ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Highway
(CITY OR TOWN) Rockville (COUNTY) Monty (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? Self inflicted 22 cal rifle wound

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☑, homicide ☐, undetermined ☐.*

SIGNATURE Frank J. Broschart (Degree or title) M.D. ADDRESS Gaithersburg Md DATE SIGNED 11-21-50

23. BURIAL, CREMATION REMOVAL (Specify) DATE THEREOF 11-21-50 NAME OF CEMETERY OR CREMATORY Oakwoods LOCATION (City, town, or county) (State) Illinois

DATE REC'D BY LOCAL REG. 11-21-50 REGISTRAR'S SIGNATURE Helen Kurvach
24. FUNERAL DIRECTOR Robert A. Pumphrey ADDRESS Bethesda Md.

49629

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
NOV 25 1950
LIBRARY

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

11335

Reg. Dist. No. 214

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kensington
STREET ADDRESS (If rural, give location) 18 Fawcett Street

3. NAME OF DECEASED (Type or Print) (First) Nancy J. (Middle) (Last) Allen

4. DATE OF DEATH (Month) Nov (Day) 28 (Year) 1950

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH Nov. 6, 1944

9. AGE last birthday 6 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Washington, D. C.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Dr. Samuel Allen

14. MOTHER'S MAIDEN NAME Mary F. Collins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS Dr. Samuel Allen, 18 Fawcett St., Kensington Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Crushed Skull — INTERVAL BETWEEN ONSET AND DEATH: sudden death

830.6 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

170c (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY School (CITY OR TOWN) Silver Spring (COUNTY) Monty (STATE) Md

TIME OF INJURY (Month) Nov (Day) 28 (Year) 50 (Hour) 3:28 P m.

INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR? Backed over by bus

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒ suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Frank J. Bronhart (Degree or title) M.D. ADDRESS Gaithersburg Md DATE SIGNED 11.28.50

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF 11/30/50

NAME OF CEMETERY OR CREMATORY St. John's Cemetery

LOCATION (City, town, or county) Forest Glen, Maryland (State)

DATE REC'D BY LOCAL REG. 11/29/50

REGISTRAR'S SIGNATURE Frances Potter

24. FUNERAL DIRECTOR Warner E. Pumphrey ADDRESS 8434 Ga. Ave., Silver Spring Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

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DEC 1 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11335

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda; LENGTH OF STAY (in this place) 11 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS 111 DelRay Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda; STREET ADDRESS (If rural, give location) 111 DelRay Ave.

3. NAME OF DECEASED (Type or Print): (First) LESLEY (Middle) (NMI) (Last) ASHBURNER

4. DATE OF DEATH: (Month) November (Day) 12, (Year) 19 50

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 21 Oct. 1889

9. AGE last birthday: 61 yrs. If under 1 year: Months 0 Days 21 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Civil Engineer-Retired

10b. KIND OF BUSINESS OR INDUSTRY: U.S.Gov't.

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Charles A. Ashburner

14. MOTHER'S MAIDEN NAME: Roberta John

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Nancy M. Ashburner 111 DelRay Ave., Bethesda, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary Occlusion	15 min.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive Cardio-renal disease	7 yrs
	(c) Coronary insufficiency	3 yrs

420.1 / 131.2

II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify); PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.); (CITY OR TOWN); (COUNTY); (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.; INJURY OCCURRED While at Work ☐ Not While At work ☐; HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/15, 1947, to 11/12, 1950, that I last saw the deceased alive on 9/18, 1950, and that death occurred at 9:00 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Frank Y. Joggers Jr. M.D. ADDRESS: 5707 Wisconsin Ave Chevy Chase Md. DATE SIGNED: 11/12/50

23. BURIAL, CREMATION, REMOVAL (Specify): Cremation; DATE THEREOF: 14 November 1950; NAME OF CEMETERY OR CREMATORY: Cedar Hill Crem.; LOCATION (City, town, or county) (State): Prince George, Maryland

DATE REC'D BY LOCAL REG. 11-13-50; REGISTRAR'S SIGNATURE: Helen Kurvach

24. FUNERAL DIRECTOR: J. Robert Humphrey; ADDRESS: Bethesda, Md.

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NOV 16 1950
BUREAU V. S

11337

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 217

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Olney
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS The Montgomery County General Hospital Inc.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gaithersburg, Md.
STREET ADDRESS (If rural, give location) R#2

3. NAME OF DECEASED (Type or Print) (First) George (Middle) (Last) Ball
4. DATE OF DEATH (Month) 11 (Day) 23 (Year) 1950

5. SEX Male
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 6/13/80
9. AGE last birthday 70 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Janitor
10b. KIND OF BUSINESS OR INDUSTRY Thomas & Co.
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME Geroge W. Ball
14. MOTHER'S MAIDEN NAME Etta Ricks

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Uremia	2 wk.
442X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive Cardiovascular-Renal Disease	1 yr
1312	(c)	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. ~~Post operative~~ Incisional Hernia

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/13, 1950, to 11/23, 1950, that I last saw the deceased alive on 11/23, 1950, and that death occurred at 3:00 p.m., from the causes and on the date stated above.

SIGNATURE C. H. Sigon (Degree or title) MD ADDRESS Sandy Spring Md DATE SIGNED 11/24/50

23. BURIAL, CREMATION REMOVAL (Specify) DATE THEREOF 11/26/50 NAME OF CEMETERY OR CREMATORY Round Oak LOCATION (City, town, or county) (State) Spencerville, Md.

DATE REC'D BY LOCAL REG. 11-26-50 REGISTRAR'S SIGNATURE Gertrude B. Lawler
24. FUNERAL DIRECTOR R. L. Snawden ADDRESS Rockville, Md

74099

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11339

Reg. Dist. No. 217

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Olney
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: The Montgomery County General Hospital Inc.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Damascus
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Byrtle (Middle) Young (Last) Bates

4. DATE OF DEATH: (Month) Nov. (Day) 17 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 1/ 20 78

9. AGE last birthday: 72 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Teacher

10b. KIND OF BUSINESS OR INDUSTRY: School

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Dallas Young

14. MOTHER'S MAIDEN NAME: Caroline Etchison

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Acute Myocardial Failure	1 month
416X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 90b	(b) Dextro-cardia. Chronic Congestive Failure	5 yrs.
	(c) Adhesive Pericarditis.	5 yrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Markedly enlarged liver and spleen Undulant fever 5 years ago. — 5 yrs.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1949, to Nov. 16, 1950, that I last saw the deceased alive on Nov. 16, 1950, and that death occurred at 4:30 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Ralph L. Nicholson, Md. — ADDRESS: Damascus, Md. — DATE SIGNED: 11/17/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: Nov. 19, 1950 | NAME OF CEMETERY OR CREMATORY: Damascus Meth. | LOCATION (City, town, or county) (State): Damascus, Md.

DATE REC'D BY LOCAL REG.: 11-18-50 | REGISTRAR'S SIGNATURE: Gertrude B. Fawler

24. FUNERAL DIRECTOR — ADDRESS: Olin L. Molesworth, Damascus, Md.

V3441

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BUREAU P. S

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

11340

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 217

1. PLACE OF DEATH: COUNTY Montgomery — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Olney — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS The Montgomery County General Hospital Inc.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Monrovia R.F.D.
STREET ADDRESS (If rural, give location) Near Damascus

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
William	M	Beall	November 17, 1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	married	3/17/1862	88 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Farmer	Own Farm	Maryland	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Beall	Lucinda Moxley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
no	none	Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Terminal hypostatic pneumonia	4 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Fracture of the pelvis (superior ramus of the pubis)	6 days
(c) Cardio-vascular-renal disease	15 ? yrs

900.0
186.2

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
none	-----	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
Accident	Home	RFD Monrovia,	Montgomery,	Maryland

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☒	HOW DID INJURY OCCUR?
11 11 50 5p m.		Fell off steps while carrying firewood

22. I hereby certify that I attended the deceased from Jan., 19 35, to Nov. 16, 19 50, that I last saw the deceased alive on Nov. 16, 19 50, and that death occurred at 5:00 a.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
W. McKendree Bayne	M.D.	Damascus, Maryland	Nov. 17, 1950

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Nov. 20, 1950	Bethesda Church	Brownsville, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
11-18-50	Gertrude B Fowler	Olin L. Molesworth, Damascus, Md.

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NOV 22 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

11341

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 223

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park; LENGTH OF STAY (in this place) 5-3 Days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium & Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park; STREET ADDRESS (If rural, give location) 401 Greenwood Ave

3. NAME OF DECEASED (Type or Print): (First) David (Middle) Eastburn (Last) Bell

4. DATE OF DEATH: (Month) 11 (Day) 4 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: Caucasian

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower

8. DATE OF BIRTH: 11-9-1851

9. AGE last birthday: 98 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Builder

10b. KIND OF BUSINESS OR INDUSTRY: Retired many years

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Bell

14. MOTHER'S MAIDEN NAME: Sarah Wilson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: —

17. INFORMANT AND ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Hypostatic Pneumonia	3 day
450.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cardiac Failure	3 months
97	(c) Generalized Arteriosclerosis	?

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): —

(CITY OR TOWN): —

(COUNTY): —

(STATE): —

TIME OF INJURY (Month) (Day) (Year) (Hour) m.: —

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 1, 1950, to Nov 4, 1950, that I last saw the deceased alive on Nov 4, 1950, and that death occurred at 3:15 P.M., from the causes and on the date stated above.

SIGNATURE: Philip E. Jones (Degree or title) M.D. ADDRESS 924 Ellsworth Drive Silver Spring, Md DATE SIGNED Nov 4, 1950

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: Nov 7 1950

NAME OF CEMETERY OR CREMATORY: Glenwood Cemetery

LOCATION (City, town, or county) (State): Washington DC.

DATE REC'D BY LOCAL REG. 11/7/50

REGISTRAR'S SIGNATURE: J. W. Dawson

34. FUNERAL DIRECTOR: H. G. Bell & Sons

ADDRESS: 254 Carroll St. N.W. Takoma Park D.C.

15669

VS. A15

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NOV 7 1950
BUREAU U. S.

11343

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 223

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Takoma Park
LENGTH OF STAY (in this place): 11 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 100 Baltimore Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md — COUNTY: Mont
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Takoma Park
STREET ADDRESS (If rural, give location): 801 Flower Avenue

3. NAME OF DECEASED (Type or Print): (First) THOMAS (Middle) — (Last) BENJAMIN

4. DATE OF DEATH: (Month) Nov. (Day) 13 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widower

8. DATE OF BIRTH: June 3, 1861

9. AGE last birthday: 89 yrs. — If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Builder

10b. KIND OF BUSINESS OR INDUSTRY: Self

11. BIRTHPLACE (State or foreign country): Grand Rapids, Mich

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: ? Benjamin

14. MOTHER'S MAIDEN NAME: Vanden Bosch

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ? (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Mrs. Wm. A. Benjamin, Cedar Lane, Edmonston, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) CARDIAC DECOMPENSATION	8 years
434.3 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 95c	(b) Senility	
	(c)	

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 1, 1944, to Nov 13, 1950, that I last saw the deceased alive on 11/9, 1950, and that death occurred at 2:00 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

Bruce F. Benjamin, M.D. | 4910 Glenbrook Parkway, Bethesda Md. | 11/13/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: Nov. 16, 1950 | NAME OF CEMETERY OR CREMATORY: Oak Hill Cemetery | LOCATION (City, town, or county) (State): Grand Rapids, Michigan

DATE REC'D BY LOCAL REG.: 11/13/50 | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS

J. Arthur Walters, 254 Carroll St. NW DC

15619

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FEDERAL W. &

MARYLAND STATE DEPARTMENT OF HEALTH

11343

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4420 Hewitt Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) 4420 Hewitt Avenue

3. NAME OF DECEASED (Type or Print): (First) Marion (Middle) S. (Last) Bickford

4. DATE OF DEATH: (Month) Nov. (Day) 26 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Nov. 18, 1888

9. AGE last birthday: 62 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): New York City, N. Y.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Donald Sutherland

14. MOTHER'S MAIDEN NAME: Margaret MacDonald

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Miss Ruth S. Bickford, 4420 Hewitt Ave. Silver Spring, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Right lower lobe Pneumonia — Interval between onset and death: 4 days.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma of left breast & Metastasis — 7 years.

170X 50

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/24, 1950, to 11/26, 1950, that I last saw the deceased alive on 11/25, 1950, and that death occurred at 6:15 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Robert R. MacKenzie 1746 K St. N.W., D.C. 11/26/50

23. BURIAL, CREMATION / REMOVAL (Specify): Transportation & Burial — DATE THEREOF: 11/29/50 — NAME OF CEMETERY OR CREMATORY: Baptist Cemetery — LOCATION (City, town, or county) (State): Mt. Holly, New Jersey

DATE REC'D BY LOCAL REG. 11/27/50

REGISTRAR'S SIGNATURE Frances Potter

24. FUNERAL DIRECTOR: Warner E. Pumphrey — ADDRESS: 8434 Ga. Ave., Silver Spring, Maryland

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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NOV 29 1950
BUREAU V. S

11344

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 213

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gaithersburg
LENGTH OF STAY (In this place) 46 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS R.F.D. #3

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Monty
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gaithersburg (rural)
STREET ADDRESS (If rural give location) R.F.D. #3

3. NAME OF DECEASED (Type or Print) (First) Henry (Middle) W. (Last) Bogley

4. DATE OF DEATH (Month) Nov (Day) 27 (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH 16 Jan. 1876
9. AGE last birthday 74 yrs. If under 1 year Months 10 Days 11 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Farmer- Owned his own Farm
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Wm. A. Bogley
14. MOTHER'S MAIDEN NAME Isabell Haney

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT Dorothea B. Green Gaithersburg, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary occlusion	sudden death.
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
94a	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Frank J. Broschart (Degree or title) M.D. ADDRESS Gaithersburg Md DATE SIGNED 11-27-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 30Nov.1950
NAME OF CEMETERY OR CREMATORY Rockville Union
LOCATION (City, town, or county) Rockville, Md. (State)

DATE REC'D BY LOCAL REG. 11/30/50
REGISTRAR'S SIGNATURE Peggy W. Veazey
24. FUNERAL DIRECTOR Robert A Humphrey ADDRESS Bethesda, Md.

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

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DEC 1 1950

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11345

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH — COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda — LENGTH OF STAY (in this place): 10 mo 11 da
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Alta Vista Rest Home

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Mont.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda
STREET ADDRESS (If rural, give location): 4707 Highland

3. NAME OF DECEASED (Type or Print) (First): MARION (Middle): Jeanette (Last): Bogley
4. DATE OF DEATH (Month) (Day) (Year): Nov 26 1950
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed
8. DATE OF BIRTH: Mar. 9 1874
9. AGE last birthday: 76 yrs. — If under 1 year: Months 8, Days 17 — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Government clerk.
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Mont. Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Isaac Owen Rabbitt
14. MOTHER'S MAIDEN NAME:
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service):
16. SOCIAL SECURITY NO.: NO
17. INFORMANT AND ADDRESS: Melvin Bogley 4707 Highland Ave, Beth. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Heart Failure — 4 hours

Antecedent cause(s) (b) Arterio sclerotic Cardio Vascular Disease — 10 years

422.1 93d

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

11. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death: None

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 25, 1948, to Nov 25, 1950, that I last saw the deceased alive on Nov 25, 1950, and that death occurred at 12:25 A m., from the causes and on the date stated above.

SIGNATURE: DeWitt E. DeFawter — (Degree or title) ADDRESS: 7325 Aberdeen Rd. Bethesda 14, Md. — DATE SIGNED: Nov/26/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 28 Nov 1950 — NAME OF CEMETERY OR CREMATORY: Rockville Union Cem. — LOCATION (City, town, or county): Rockville, — (State): Maryland

DATE REC'D BY LOCAL REG.: 11-27-50 — REGISTRAR'S SIGNATURE: Helen Kurnack — 24. FUNERAL DIRECTOR: Robert A. Pumphrey — ADDRESS: Bethesda, Md

2 26697

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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Evidence for addition in 18 shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11338

Reg. Dist. No. 218

FILM No. G 12 DEC 19 1950

1. PLACE OF DEATH: COUNTY Montgomery; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gaithersburg R.F.D. 2; LENGTH OF STAY (in this place) 6 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gaithersburg R.F.D. 2 Colesville; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) EDWARD (Middle) H. (Last) BARBER

4. DATE OF DEATH: (Month) Nov (Day) 18 (Year) 1950

5. SEX: MALE

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED

8. DATE OF BIRTH: Sept 19 1864

9. AGE last birthday: 86 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter Ag Work

10b. KIND OF BUSINESS OR INDUSTRY: Farm & Barns

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Frederick Barber

14. MOTHER'S MAIDEN NAME: Sarah Beall

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: no

17. INFORMANT AND ADDRESS: Roy W Barber Colesville

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Senility — Interval between onset and death: Years

794 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 162 b (b) (Underlying cause unknown) (12-19-50 - ams)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov., 1947, to Nov. 18, 1950, that I last saw the deceased alive on Nov. 11, 1950, and that death occurred at 10:30 p.m., from the causes and on the date stated above.

SIGNATURE: Jack Schumacher (Degree or title) M.D. ADDRESS Gaithersburg Md. DATE SIGNED Nov. 20, 1950

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: Nov 21. 1950

NAME OF CEMETERY OR CREMATORY: Lotsville Md

LOCATION (City, town, or county) (State): Montgomery Co Md

DATE REC'D BY LOCAL REG. 11/20/50

REGISTRAR'S SIGNATURE: Louise D Field

24. FUNERAL DIRECTOR: Roy W Barber ADDRESS Colesville

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11346

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda, Rural
LENGTH OF STAY (in this place): 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Virginia — COUNTY Prince William
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Quantico
STREET ADDRESS (If rural, give location): 335 5th Avenue

3. NAME OF DECEASED (Type or Print): (First) Lucille (Middle) Constantina (Last) BOONE

4. DATE OF DEATH: (Month) November (Day) 14 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Jan 24, 1950

9. AGE last birthday: 00 yrs. If under 1 year: Months 09 Days 21 If under 24 hrs.: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): - - - - - - -

10b. KIND OF BUSINESS OR INDUSTRY: - - - - - -

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Eugene E. BOONE

14. MOTHER'S MAIDEN NAME: Lillian QUEEN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service): - - - -

16. SOCIAL SECURITY NO.: - - - - - - -

17. INFORMANT AND ADDRESS: Mother: Lillian Queen BOONE

18. MEDICAL CERTIFICATION: Same as item # 2

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Tuberculous Meningitis

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Miliary Tuberculosis

010X 14

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes [X] No [ ]

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.: INJURY OCCURRED While at Work [ ] Not While At work [ ]: HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 13, 1950 to Nov 14, 1950, that I last saw the deceased alive on Nov 14, 1950, and that death occurred at 1:50 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

A. GEDAROVICH, LTJG, MC, USN — U.S. NAVAL HOSPITAL — November 14, 1950

23. BURIAL, CREMATION, REMOVAL (Specify): Removal — DATE THEREOF: Nov 15, 1950 — NAME OF CEMETERY OR CREMATORY: Triangle Cemetery — LOCATION (City, town, or county) (State): Triangle, Virginia

DATE REC'D BY LOCAL REG.: Nov 14, 1950 — REGISTRAR'S SIGNATURE: Neal Worthington

24. FUNERAL DIRECTOR ADDRESS: Hall Funeral Home, Occoquan, Virginia — W. D. Hall

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BUREAU V. S

11347

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 217

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Montgomery — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: RURAL - OLNEY
LENGTH OF STAY (in this place): 1 yr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: —

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Montgomery — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Brookeville
STREET ADDRESS (If rural, give location): —

3. NAME OF DECEASED (Type or Print): (First) JOHN (Middle) (Last) BOWIE

4. DATE OF DEATH: (Month) Nov. (Day) 20 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Aug. 20 1876

9. AGE last birthday: 74 yrs. — If under 1 year: Months | Days — If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farm hand

10b. KIND OF BUSINESS OR INDUSTRY: Agriculture

11. BIRTHPLACE (State or foreign country): Norbeck Md.

12. CITIZEN OF WHAT COUNTRY? U.S

13. FATHER'S NAME: John Bowie

14. MOTHER'S MAIDEN NAME: Mariah Snowden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. —

17. INFORMANT: Margaret Bowie - wife

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Uremia	2 wks
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive Cardio-vascular-renal disease.	8 yr.
442X 131a	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: —

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1947, to Nov., 1950, that I last saw the deceased alive on Nov 20, 1950, and that death occurred at 1:30 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Richard A. Yates M.D. Olney Md. 11/20/50.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 11-23-1950 | NAME OF CEMETERY OR CREMATORY: Mt Zion | LOCATION (City, town, or county) (State): Mt. Zion, Md.

DATE REC'D BY LOCAL REG. 11-22-50 | REGISTRAR'S SIGNATURE: Gertrude B Fowler

24. FUNERAL DIRECTOR: Robert L. Snowden, Rockville Md. ADDRESS

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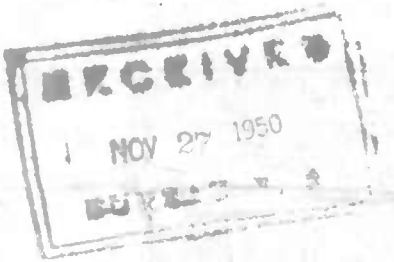
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NOV 27 1950

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

11348

Reg. Dist. No. 21C

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda — LENGTH OF STAY (In this place) 3 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4868 Bethesda Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D.C. — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 801 Kentucky Ave S.E.

3. NAME OF DECEASED (Type or Print): (First) Bernard (Middle) B (Last) Byrnes

4. DATE OF DEATH: (Month) Nov (Day) 28 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, (MARRIED) WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: 8 June 1925

9. AGE last birthday: 25 yrs. — If under 1 year: Months / Days — If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Truck Driver

10b. KIND OF BUSINESS OR INDUSTRY: Maloney Concrete Co.

11. BIRTHPLACE (State or foreign country): Wash. D.C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Bernard P. Byrnes

14. MOTHER'S MAIDEN NAME: Ruth Becraft

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: yes.

17. INFORMANT AND ADDRESS: Bernard P Byrnes 801 Kentucky Ave S.E. Wash. D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Hemorrhage due to fracture of	sudden
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Skull	death
912.3 176	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: fracture of lower + upper jaw (left)

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☒ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Factory — (CITY OR TOWN) Bethesda — (COUNTY) Montg — (STATE) Md
TIME (Month) (Day) (Year) (Hour) OF INJURY — m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? Caught in conveyor belt

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒ suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: Jno J. Bouchat — (Degree or title) M.D. — ADDRESS: Gaithersburg Md — DATE SIGNED: 11-29-50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 1 Dec 1950 — NAME OF CEMETERY OR CREMATORY: Cedar Hill — LOCATION (City, town, or county) (State): Prince George's Md.

DATE REC'D BY LOCAL REG. 11-28-50 — REGISTRAR'S SIGNATURE: Helen Kovach

24. FUNERAL DIRECTOR — ADDRESS: W. W. Chambers Co. 3072 - M. H. N. W.

Jc

420 V 9

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11349

CERTIFICATE OF DEATH

Reg. Dist. No. 212

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Poolesville; MARYLAND; LENGTH OF STAY (in this place) 72 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN; STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) George (Middle) William (Last) BREWER

4. DATE OF DEATH: (Month) NOVEMBER (Day) 12 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Sept- 1878

9. AGE last birthday: 72 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer + Special Officer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: William J. Brewer

14. MOTHER'S MAIDEN NAME: Ida White

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yr., give war or dates of service)

16. SOCIAL SECURITY NO.: 269-18-5388

17. INFORMANT: Mrs George Brewer

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) MYOCARDIAL INFARCTION	24 Hours
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) CORONARY OCCLUSION	36 Hours
	(c) arteriosclerosis	5 years.

420.1 9th Rev

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from APRIL, 19 50 to 12 NOV., 19 50 that I last saw the deceased alive on 11 NOV., 19 50 and that death occurred at 10:15 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John S. Fawcett M.D. Boyds Md 12 Nov. 1950

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE: Nov. 14-1950

NAME OF CEMETERY OR CREMATORY: Monocacy

LOCATION (City, town, or county) (State): Beallsville, Md

DATE REC'D BY LOCAL REG.: Nov. 14-1950

REGISTRAR'S SIGNATURE: Charles W. Elgin per D.J.E.

24. FUNERAL DIRECTOR: William B Hilton

ADDRESS: Barnesville, Md

RECEIVED
NOV 16 1950
BUREAU V. S

11650

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 214

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kensington; LENGTH OF STAY (in this place) 6 Weeks; HOSPITAL OR INSTITUTION OR STREET ADDRESS 105 Franklin St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kensington; STREET ADDRESS (If rural, give location) 105 Franklin st

3. NAME OF DECEASED (Type or Print): (First) Paul (Middle) Francis (Last) Cain

4. DATE OF DEATH: (Month) Nov. (Day) 10 (Year) 19 50

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M

8. DATE OF BIRTH: Oct 31 1873

9. AGE last birthday: 77 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Wash D C

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Asst Head Tech Staff Int Rev

14. MOTHER'S MAIDEN NAME: Edward Anna Hamilton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): John Randall Cain

16. SOCIAL SECURITY NO.: —

17. INFORMANT AND ADDRESS: 105 Franklin st

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Carcinoma of Prostate	1 year
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypostatic Pneumonia	
	(c) Diverticulosis of Colon + Bladder	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Generalized Arteriosclerosis

19a. DATE OF OPERATION: Mar. 10, 1950

19b. MAJOR FINDINGS OF OPERATION: Carcinoma of Prostate

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1, 1949, to Nov. 10, 1950; that I last saw the deceased alive on Nov. 10, 1950, and that death occurred at 1:00 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
John T. Ewan	MD	1801 Eye St. N.W.	

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	11/10/50	Ft. Lincoln Cem.	Washington DC

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11/10/50	Francis Potter	S.H. Hines Co	2901-14th St. N.W.

11297

RECEIVED
NOV 14 1950
BUREAU V. A

Evidence for addition in 18 shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11351

CERTIFICATE OF DEATH

Reg. Dist. No. 216

FILM No. G 12 DEC 5 1950

1. PLACE OF DEATH
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4505 Highland Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
STREET ADDRESS (If rural, give location) 4505 Highland Ave.

3. NAME OF DECEASED (Type or Print) (First) Annie (Middle) (Last) Campbell

4. DATE OF DEATH (Month) Nov. (Day) 22 (Year) 1950

5. SEX F

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH March 9/87

9. AGE last birthday 63 yrs. If under 1 year Months 8 Days 13 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Canada

12. CITIZEN OF WHAT COUNTRY? Canada

13. FATHER'S NAME Angus McDonald

14. MOTHER'S MAIDEN NAME Mary Campbell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY No. 008-20-9334

17. INFORMANT AND ADDRESS Norman Campbell 4505 Highland Ave. Bethesda, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
174x Immediate cause	(a) Pulmonary edema	1 yr.
48l- Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Carcinomatosis	
	(c) Primary site believed to have been uterus (12-5-50 akc)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION none

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) none

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) none m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1, 1950, to Nov 22, 1950, that I last saw the deceased alive on Nov 22, 1950, and that death occurred at 9:10 A m., from the causes and on the date stated above.

SIGNATURE William N. Gadal M.D. (Degree or title) ADDRESS 8016 Old Georgetown Rd. DATE SIGNED Maryland

23. BURIAL, CREMATION REMOVAL (Specify) Burial Transit

DATE THEREOF Nov. 24/50

NAME OF CEMETERY OR CREMATORY Wilson Cemetery

LOCATION (City, town, or county) Granitville (State) Vermont

DATE REC'D BY LOCAL REG. Nov. 22 '50

REGISTRAR'S SIGNATURE Helen Kurvach

24. FUNERAL DIRECTOR Robert A. Bumphrey ADDRESS Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

RECEIVED
NOV 28 1950
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11352

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda, Rural
LENGTH OF STAY (in this place) 2 mo 29 da
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Virginia COUNTY Wise
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Wise
STREET ADDRESS (If rural, give location) None

3. NAME OF DECEASED (Type or Print): (First) Victor (Middle) Wilson (Last) CANTRELL

4. DATE OF DEATH (Mooth) (Day) (Year): November 3, 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: Feb 14, 1916

9. AGE last birthday: 34 yrs. If under 1 year: Months 08 Days 20 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Chief Petty Officer

10b. KIND OF BUSINESS OR INDUSTRY: US Navy

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Henry CANTRELL

14. MOTHER'S MAIDEN NAME: Ester HUBBARD

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) WW II

16. SOCIAL SECURITY NO. - - - - - -

17. INFORMANT AND ADDRESS: Wife: Wilma Mae CANTRELL

18. MEDICAL CERTIFICATION: Same as item # 2

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Pulmonary Edema	48 hours
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Bronchogenic Carcinoma c Metastases	6 months
162X 47c	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Aug 1950

19b. MAJOR FINDINGS OF OPERATION: Invasive Carcinoma of Lung

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Mooth) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 5, 1950, to Nov 3, 1950, that I last saw the deceased alive on Nov 3, 1950, and that death occurred at 2:45 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

J. C. MURPHY, LT, MC, USN U.S. NAVAL HOSPITAL November 3, 1950

23. BURIAL, CREMATION REMOVAL, (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	Nov 3, 1950	Riner Cemetery	Wise, Virginia

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
Nov 3, 1950	Essie Worthington	Wastler Funeral Home, 301 East Capitol Street, Washington, D.C.

R. M. H.

RECEIVED
NOV 6 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11353

CERTIFICATE OF DEATH

Reg. Dist. No. 223-

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (in this place) 27 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington San. & Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park, Maryland
STREET ADDRESS (If rural, give location) 7318 Flower Ave.

3. NAME OF DECEASED (Type or Print) (First) Arthur (Middle) Parker (Last) Carson

4. DATE OF DEATH (Month) 11 (Day) 7 (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 8-16-73
9. AGE last birthday 77 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Govr. Employee
10b. KIND OF BUSINESS OR INDUSTRY Govr. Emp.
11. BIRTHPLACE (State or foreign country) Miamisburg, Ohio
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME George W. Carson
14. MOTHER'S MAIDEN NAME Margaret Henderson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. No
17. INFORMANT AND ADDRESS Cora L. Carson, 7318 Flower Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary Occulsion - Ant. Lesion	29 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive Heart desire c̄ congestive failure	years.
	(c)	

420.1
93d

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 8, 1950, to Nov 7, 1950, that I last saw the deceased alive on Nov 7, 1950, and that death occurred at 6:35 A m., from the causes and on the date stated above.

SIGNATURE Ernest A. Sarao MD. (Degree or title) ADDRESS 6711 New Hampshire Ave Takoma Park Md DATE SIGNED 11-7-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Nov. 9, 1950.
NAME OF CEMETERY OR CREMATORY Fort Lincoln Cemetery
LOCATION (City, town, or county) (State) Bladensburg Rd. Pr. Geo. Co. Md

DATE REC'D BY LOCAL REG. 11/7/50
REGISTRAR'S SIGNATURE J. Wilson Dodd
24. FUNERAL DIRECTOR J. Arthur Walters, 254 Carroll St. NW. DC Wash. ADDRESS

49697

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
NOV 10 1950
BUREAU V. S

11354

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 218

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Deerwood
LENGTH OF STAY (in this place) all life
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Deerwood Md
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) FEILDER (Middle) Bowie (Last) Childs

4. DATE OF DEATH (Month) Nov (Day) 25 (Year) 1950

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH Mar 18 1883

9. AGE last birthday 67 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer

10b. KIND OF BUSINESS OR INDUSTRY Farm

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME William H Childs

14. MOTHER'S MAIDEN NAME Octavia Owens

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no

16. SOCIAL SECURITY NO. no

17. INFORMANT Mollie M Childs

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary occlusion

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

9.4a (c)

INTERVAL BETWEEN ONSET AND DEATH: sudden death.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) Frank J. Broschart M.D. ADDRESS Gaithersburg Md DATE SIGNED 11-26-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE THEREOF Nov 28 1950 NAME OF CEMETERY OR CREMATORY St John Olney Md LOCATION (City, town, or county) Montgomery (State) Md

DATE REC'D BY LOCAL REG. 11/28/50 REGISTRAR'S SIGNATURE Louis D Bell

24. FUNERAL DIRECTOR Roy W Barber ADDRESS Laytonsville Md

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

RECEIVED
DEC. 4 1950
BUREAU V. S

Evidence for addition in 18 shown on:

11355

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

FILM No. G 129 DEC 7 1950

Reg. Dist. No. 215

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda, Rural
LENGTH OF STAY (in this place) 15 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE District of Columbia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 2126 Connecticut Avenue, NW

3. NAME OF DECEASED (Type or Print) (First) Nina (Middle) Swalm (Last) CLARK

4. DATE OF DEATH (Month) November (Day) 29 (Year) 1950

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH May 6, 1878
9. AGE last birthday 72 yrs. If under 1 year Months 06 Days 24 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) England
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME Albert W. SWALM
14. MOTHER'S MAIDEN NAME Pauline GORIN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Friend: Ellis B. MILLER, 4000 Cathedral Ave., NW, Wash. DC

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Tumor of esophagus with massive hemorrhage ~~malignancy not determined (12-7-50 akc)~~ — INTERVAL BETWEEN ONSET AND DEATH: 5 minutes

560,4 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Diaphragmatic hernia — Unknown

122a

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 5, 1950, to Nov 29, 1950, that I last saw the deceased alive on Nov 29, 1950 and that death occurred at 11:25 A m., from the causes and on the date stated above.

SIGNATURE F. A. Butler (Degree or title) ADDRESS DATE SIGNED
F. A. BUTLER, CDR, MC, USN U.S. NAVAL HOSPITAL November 29, 1950

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Dec. 4, 1950
NAME OF CEMETERY OR CREMATORY Arlington National
LOCATION (City, town, or county) (State) Arlington, Virginia

DATE REC'D BY LOCAL REG. Nov 29, 1950
REGISTRAR'S SIGNATURE Edith Whittington
24. FUNERAL DIRECTOR ADDRESS Jos. Gawler's Sons, 1756 Pennsylvania Avenue, NW, Washington, D.C.

R E Hicks

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 1 1950
BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11356

CERTIFICATE OF DEATH

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda, Rural
LENGTH OF STAY (In this place): ½ day
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: District of Columbia — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural, give location): 5733 5th Street, N.E.

3. NAME OF DECEASED (Type or Print): (First) (none) (Middle) (none) (Last) CLAWSON

4. DATE OF DEATH: (Month) November (Day) 3, (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Nov 3, 1950

9. AGE last birthday: 00 yrs. If under 1 year: Months 00 Days 00 If under 24 hrs.: Hours 6 Min. 6

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: William L. CLAWSON

14. MOTHER'S MAIDEN NAME: Alene SUMRELL

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Father: William L. CLAWSON

18. MEDICAL CERTIFICATION — Same as item # 2

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

7625 **Immediate cause** (a) Atelectasis

159 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Prematurity

(c)

INTERVAL BETWEEN ONSET AND DEATH:

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 3, 1950, to Nov 3, 1950, that I last saw the deceased alive on Nov 3, 1950, and that death occurred at 12:15 P m., from the causes and on the date stated above.

SIGNATURE: A. GEDAROVICH (Degree or title): LTJG, MC, USN ADDRESS: U.S. NAVAL HOSPITAL DATE SIGNED: November 4, 1950

23. BURIAL, CREMATION, REMOVAL (Specify): Disposition
DATE THEREOF: Nov 4, 1950
NAME OF CEMETERY OR CREMATORY: USN Medical School
LOCATION (City, town, or county) (State): Bethesda, Maryland

DATE REC'D BY LOCAL REG.: NOV 4, 1950
REGISTRAR'S SIGNATURE: Edith Whittington
24. FUNERAL DIRECTOR: None ADDRESS:

20X030261301

RECEIVED
NOV 17 1950
BUREAU V. R

MARYLAND STATE DEPARTMENT OF HEALTH

11357

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 214

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 9 Thayer Place

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) Thayer Place

3. NAME OF DECEASED (Type or Print): (First) Caroline (Middle) I. (Last) Clemont

4. DATE OF DEATH: (Month) November (Day) 21 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Nov. 1, 1879

9. AGE last birthday: 71 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home maker

10b. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (State or foreign country): Olympia, Washington

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Gideon Miller

14. MOTHER'S MAIDEN NAME: ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 533-22-2893

17. INFORMANT AND ADDRESS: Miss Hazel I. Clemont, 9 Thayer Place Silver Spring, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of the lung with metastases to the

162X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) liver

47d (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertensive cardiovascular disease

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from November 21, 1950, to ....., 19....., that I last saw the deceased alive on November 21, 1950, and that death occurred at 10 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Alfred Baer, M.D. 8248 Georgia Ave, Silver Spring, Md November 22, 1950

23. BURIAL, CREMATION REMOVAL (Specify): Cremation — DATE THEREOF: 11/24/50 — NAME OF CEMETERY OR CREMATORY: Ft. Lincoln Crematory — LOCATION (City, town, or county) (State): Prince Geo. County Md.

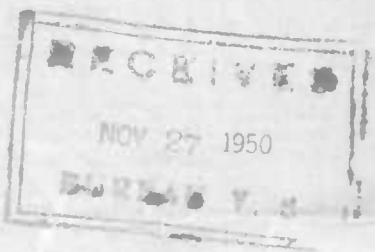
DATE REC'D BY LOCAL REG. 11/24/50 — REGISTRAR'S SIGNATURE Frances Potter

24. FUNERAL DIRECTOR ADDRESS: Warren E. Pumphrey, 8434 Ga. Ave., Silver Spring Maryland

52086

Coroner notified and approved, November 22, 1950.

Alfred Baer, M.D.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11358

Reg. Dist. No. 223

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. — MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Mont. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park. LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 408 - Carroll - Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park.
STREET ADDRESS (If rural, give location) 408 - Carroll Ave

3. NAME OF DECEASED (Type or Print): (First) LOUIS (Middle) (Last) COHEN
4. DATE OF DEATH: (Month) Nov. - (Day) 27 - (Year) 1950
5. SEX: Male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: about 1869
9. AGE last birthday: 81 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman
10b. KIND OF BUSINESS OR INDUSTRY: Retired
11. BIRTHPLACE (State or foreign country): New York
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Samuel Cohen
14. MOTHER'S MAIDEN NAME: Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Sanford Cohen, Silver Spring Md, 9516 Seminole

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

241X Immediate cause (a) BRONCHIAL ASTHMA. — 20 yrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
112 (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Old healed pulmonary tuberculosis.

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): None
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb, 1948, to Nov, 1950, that I last saw the deceased alive on 11/26, 1950, and that death occurred at 9:30 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Samuel Dove - M.D. - 1801 Eye St. N.W. - Wash D.C. - 11/27/50.

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: Nov. 29, 1950
NAME OF CEMETERY OR CREMATORY: Salem Field Cemetery
LOCATION (City, town, or county) (State): Brooklyn, N.Y.

DATE REC'D BY LOCAL REG. 11/28/50
REGISTRAR'S SIGNATURE: J. Wilbur Dodd
24. FUNERAL DIRECTOR: B Danzansky & Son. ADDRESS: 3501-14th St N.W. Washington, D.C.

27/49

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DEC 1 1950
KLAMATH FALLS, OREGON

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11359

CERTIFICATE OF DEATH

Reg. Dist. No. 223

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (in this place) 6 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS 120 Albany Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland — COUNTY Mont
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
STREET ADDRESS (If rural, give location) 815 Flower Avenue

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
ALLEN	L.	COLTON	Nov.	2	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Single	February 9, 1857	93 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired - U.S. Government	Editor - Legal Agent.	Michigan	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Luman Colton	Adelaide Dickinson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
Unknown	—	Miss Martha Taylor, All States Hotel. Wash. D.C

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Acute Pulmonary Edema	6 hrs.
450.0 97 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Myocardial Failure	24 hrs.
	(c) Senile Arteriosclerosis	10-20 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from 21 July, 1950, to 2 Nov., 1950, that I last saw the deceased alive on 2 Nov., 1950, and that death occurred at 3:30 P.M., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
H. B. Queen	M.D.	112 Willow Ave. Takoma Park, Md.	2 Nov. 1950

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Cremation	Nov 4 1950	Edgar Lee Crematory	Pr. Geo. County	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11/3/50	[signature]	J. Arthur Walters	254 Carroll St NW

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NOV 6 1950
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11360

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda; LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring; STREET ADDRESS (If rural, give location) 10110 Sutherland Rd

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Katherine	Angela	Costello	Nov.	3	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
F	W	widowed	Jan. 1 1884	66 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
House Wife	H. W.	Washington D.C.	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Murphy	Jane Buckley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
		Al Costello same as above

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

491x **Immediate cause** (a) Congestive Heart Failure — Interval Between Onset and Death: 10 days

107 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Broncho-pneumonia, bilateral

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
		Silver Spring,	Mont.	Md.

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from 10/24, 1950, to 11/3, 1950, that I last saw the deceased alive on 11/3, 1950, and that death occurred at 11:35 m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Belden R. Kepp	M.D.	2601 Eliza St.	S.S., Md. 11/3/50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
	Nov. 6 1950	Mt. Olivet Cem	Washington D.C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11-4-50	Helen Murnagh	[redacted] T. F. Costello	1722 N. Capitol St. Wash, D.C.

RECEIVED
NOV 6 1950
BUREAU V. S.

11361

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 223-

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (in this place) 2 mo. 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 100 Baltimore Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) 9318 Glenville Road

3. NAME OF DECEASED (Type or Print) (First) Alanson (Middle) (Last) Cramer

4. DATE OF DEATH (Month) Nov. (Day) 18, (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH June 8, 1868
9. AGE last birthday 82 yrs. If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired
10b. KIND OF BUSINESS OR INDUSTRY Farmer owner
11. BIRTHPLACE (State or foreign country) Pierpoint, N.Y.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Isaac Cramer
14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS M. Vernon Cramer - (Son)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	Inanition due to	1 mo.
450.0 Antecedent cause(s)	(b)	Acute enteritis and colitis	6 mo.
124 b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c)	Generalized arterio sclerosis	Years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. (a) Cirrhosis of liver (b) Hyperchromatosis 7 1/2 mo.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 14, 1950, to Nov. 18, 1950, that I last saw the deceased alive on Nov. 17, 1950, and that death occurred at 12:40 P. m., from the causes and on the date stated above.

SIGNATURE Wallace N. Mook (Degree or title) M.D. ADDRESS Takoma Park 12, Md. DATE SIGNED 11/18/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Nov. 21 1950
NAME OF CEMETERY OR CREMATORY George Washington Cemetery
LOCATION (City, town, or county) Hyattsville, (State) Md.

DATE REC'D BY LOCAL REG. 11/18/50
REGISTRAR'S SIGNATURE J. Wilson Rodd
24. FUNERAL DIRECTOR Jo. Arthur Walters, ADDRESS 254 Carroll St. NW Takoma Park, D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
NOV 22 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

11362

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 218

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Germantown, Rural
LENGTH OF STAY (In this place) Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montg.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Germantown, Rural
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) George (Middle) Leslie (Last) Crawford

4. DATE OF DEATH (Month) 11 (Day) 10 (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 9.12.1890
9. AGE last birthday 60 yrs. If under 1 year Months 1 Days 28 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Owner Farming
11. BIRTHPLACE (State or foreign country) Mont. Co. Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME George L. Crawford
14. MOTHER'S MAIDEN NAME Sarah A. Case

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Mrs. Zula Thomas Crawford

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 Immediate cause (a) Coronary occlusion

94a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH: Found dead in home.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Frank J. Brosvhart M.D. (Degree or title) ADDRESS Gaithersburg Md DATE SIGNED 11-10-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 11.12.50
NAME OF CEMETERY OR ~~CREMATORY~~ Neelsville
LOCATION (City, town, or county) Germantown (State) Rural Md.

DATE REC'D BY LOCAL REG. Nov. 10, 1950
REGISTRAR'S SIGNATURE Alseda G. Grove
24. FUNERAL DIRECTOR E. C. Gartner ADDRESS Gaithersburg, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
NOV 13 1950
BUREAU V. S

Evidence for addition in 21 shown on:

FILM No. G 12 NOV 16 1950

11363

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 223-

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
HOSPITAL OR INSTITUTION OR STREET ADDRESS 108 Grant Avenue	STREET ADDRESS (If rural, give location) 108 Grant Avenue

3. NAME OF DECEASED (Type or Print)	(First) Lucy	(Middle) Stephens	(Last) Crone	4. DATE OF DEATH	(Month) Nov.	(Day) 7	(Year) 1950
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH 10/26/1876	9. AGE last birthday 74 yrs.	If under 1 year Months	Days	If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Own home	11. BIRTHPLACE (State or foreign country) Virginia	12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Louis Edward Stephens		14. MOTHER'S MAIDEN NAME Sara Ann Waller	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)	16. SOCIAL SECURITY No. none	17. INFORMANT AND ADDRESS Mrs. Nina Crone Wright, 108 Grant Ave. Takoma Park, Md.	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a)	Anemia and Toxemia	Indefinite
451x Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	Aneurysm of arch of the aneurysm aorta (Non-syph.)	Indefinite
96 (c)		

See over

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from Oct 11, 1948, to Nov 7, 1950, that I last saw the deceased alive on Nov 6, 1950, and that death occurred at 11 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Shittle Md. ADDRESS 6911 5th St. N.W. Washington DATE SIGNED NOV 7 1950

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 11/9/50	NAME OF CEMETERY OR CREMATORY George Washington Memorial Cemetery	LOCATION (City, town, or county) Prince George County, (State) Md.
DATE REC'D BY LOCAL REG. 11/9/50	REGISTRAR'S SIGNATURE J. Milton Dodd	24. FUNERAL DIRECTOR Warner E. Humphrey, Silver Springs, Maryland	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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The aneurysm was not syphilitic. Dr. C.B. Little - 11-15-50 - ams

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11364

CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Montgomery — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 8600 Georgetown Rd - Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Kensington
STREET ADDRESS (If rural, give location): 2731 Jennings Rd -

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Gloria	Darlene	Daniels	Nov.	24	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
F	W	S	June 7 1950	yrs.	6			

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		Bethesda Md	

13. FATHER'S NAME: Charles Barfield Daniels

14. MOTHER'S MAIDEN NAME: Sattie Lou Barnes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
		C. Barfield Daniels (father) Same as about Address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pneumonia - Type Undetermined	36 hrs.
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-22-50, 19 50, to 11-24, 19 50, that I last saw the deceased alive on 11-24, 19 50, and that death occurred at 11 a m., from the causes and on the date stated above.

SIGNATURE: Samuel Allen (Degree or title) M.D. — ADDRESS: Kensington Md — DATE SIGNED: 11/24/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Nov 25, 50		Taylorsville N. C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Nov. 25, 1950	Helen Kurvack	Chevy Chase Funeral Home	D. C.

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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

11365

Reg. Dist. No. 217

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Olney
LENGTH OF STAY (in this place) 6 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Montg. Co. Gen.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Monty
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Germantown
STREET ADDRESS (If rural give location) R.F.D.

3. NAME OF DECEASED (Type or Print) (First) Lee (Middle) (Last) Davis

4. DATE OF DEATH (Month) Nov (Day) 19 (Year) 1950

5. SEX Male

6. COLOR OR RACE Col

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH about 1878 ~~unknown~~

9. AGE last birthday 72 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm labor

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Lee Hammond

14. MOTHER'S MAIDEN NAME Mary Davis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Hoop record.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral embolism	sudden
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Mural Thrombosis at Ventricle	death unknown
94a	(c) Infection at hand	16 days

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) home (CITY OR TOWN) Germantown (COUNTY) Monty (STATE) Md
TIME OF INJURY (Month) Nov (Day) 2 (Year) 50 (Hour) Pm.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? human bite at hand

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Frank J. Beverhart (Degree or title) M.D. ADDRESS Gaithersburg Md DATE SIGNED 11-19-50

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF 11/23/1950 NAME OF CEMETERY OR CREMATORY Lincoln Park LOCATION (City, town, or county) Rockville, Md (State)

DATE REC'D BY LOCAL REG. 11-22-50 REGISTRAR'S SIGNATURE Gertrude B Lawler

24. FUNERAL DIRECTOR Robert L. Snowden, Rockville, Md ADDRESS

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11365

CERTIFICATE OF DEATH

Reg. Dist. No. 214

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kensington | LENGTH OF STAY (in this place) 75 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 110 Upton Dr

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kensington Md.
STREET ADDRESS (If rural, give location) 110 Upton Dr.

3. NAME OF DECEASED (Type or Print) (First) Rosetta (Middle) (Last) DAVIS

4. DATE OF DEATH (Month) 11 (Day) 2/50 (Year) 19

5. SEX Female | 6. COLOR OR RACE White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH 11-2-[illegible] 1875 | 9. AGE last birthday 75 yrs. | If under 1 year: Months. Days | If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY Housewife

11. BIRTHPLACE (State or foreign country) New York

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Austin Perry

14. MOTHER'S MAIDEN NAME Mary Ann Colee

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If year, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS Newell Davis (Husband) 110 Upton Dr.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Hodgkins Disease (Benign) — Interval Between Onset and Death: about 1 year

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

201x

44 lb

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1949, to 11/2/50, 19....., that I last saw the deceased alive on 11/1/50, 19....., and that death occurred at 1:30 A m., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) MD ADDRESS Kensington Md DATE SIGNED 11/2/50

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE 11/4/50 | NAME OF CEMETERY OR CREMATORY Arcade Rural Cem | LOCATION (City, town, or county) (State) Arcade N.Y.

DATE REC'D BY LOCAL REG. 11/3/50 | REGISTRAR'S SIGNATURE Frances Potter

24. FUNERAL DIRECTOR W W Chambers 1400 Chapin St N.W. ADDRESS

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NOV 10 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11367

Reg. Dist. No. 216

1. PLACE OF DEATH:

County: Montgomery

City or town: Bethesda
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred: Friendship Nursing Home

How long in hospital or institution? 5612 Wisconsin Ave

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Virginia County: X X

City or town: Alexandria
(If outside city or town limits, write RURAL and give nearest town)

Street No. 2501 Dewitt Ave
(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME Emmett M Delano

3.(b) Social Security Number X X

4. Sex: Male

5. Color or race: White

6.(a) Single, married, widowed, or divorced: Widowed

6.(b) Name of husband or wife: Julia K Delano

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): February 2 1868

8. AGE: Years 82 | Months | Days | If less than one day ..... hrs. ..... min.

9. Birthplace: Westmoreland Co Va.
(Town, county, and state)

10. Usual occupation: Retired (Freight rept.

11. Industry or business: Penna. R. R.

FATHER
12. Name: Frank P Delano
13. Birthplace: Unknown

MOTHER
14. Maiden name: Mary W Spillman
15. Birthplace:

16. Informant: Mrs Hilda D Dedman

Address: 2501 Dewitt Avenue

17. Removal (Burial, cremation, or removal. Which?) Date thereof: Nov 3 1950 (month) (day) (year)

Cemetery or crematory: Demaine Funeral Home

Location: Alexandria, Virginia

18. Funeral director: Wm Demaine & Son

Address: Alexandria, Virginia

19. 11-3-50 (Date rec'd by registrar) 19..... Helen Kurvach Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 3 November 1950, at 8 40 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 11 October 1950, to 3 Nov 1950 and that I last saw him alive on 2 November 1950

Immediate cause of death: heart acute congestive failure — DURATION: 3 hours

Due to: myocarditis — ?

Due to: Generalized arteriosclerosis — ?

Other conditions: Senile psychosis — 6 months ~~2 yrs~~
(Include pregnancy within 3 months of death)

93d

Major findings of operations: 422.1 Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ..... Injured at work?

23. SIGNATURE: Herbert M Martyn Jr. M.D. M.D. or other

Address: 5029 Bethesda Ave Beth Md Date signed 3 Nov 50

26647

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11368

Reg. Dist. No. 215

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda, Rural
LENGTH OF STAY (in this place) 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Virginia COUNTY Alexandria
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Alexandria, Rural
STREET ADDRESS (If rural, give location) Box 286, RFD # 3

3. NAME OF DECEASED (Type or Print) (First) John (Middle) Taff (Last) DOLLARD, Jr.

4. DATE OF DEATH (Month) (Day) (Year) November 23, 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Nov 20, 1950
9. AGE last birthday 00 yrs. If under 1 year Months 00 Days 03 If under 24 hrs. Hours 02 Min. 35

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) - - - - - -
10b. KIND OF BUSINESS OR INDUSTRY - - - -
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME John Taff DOLLARD
14. MOTHER'S MAIDEN NAME Bille BROWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) - - -
16. SOCIAL SECURITY NO. - - - - - -
17. INFORMANT AND ADDRESS Father: John T. DOLLARD

18. MEDICAL CERTIFICATION Same as item # 2

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Hemorrhage - Atelectasis 30 -

762.5 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

159 (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 20, 1950, to Nov 23, 1950, that I last saw the deceased alive on Nov 23, 1950, and that death occurred at 3:15 P m., from the causes and on the date stated above.

SIGNATURE S. J. Winter (Degree or title) ADDRESS DATE SIGNED
S. J. WINTER, CDR, MC, USN U.S. NAVAL HOSPITAL November 24, 1950

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Nov 28, 1950
NAME OF CEMETERY OR CREMATORY Arlington National
LOCATION (City, town, or county) (State) Arlington, Virginia

DATE REC'D BY LOCAL REG. Nov 24, 1950
REGISTRAR'S SIGNATURE Edith Whittington
24. FUNERAL DIRECTOR ADDRESS R. A. Pumphrey, 7557 Wisconsin Avenue, Bethesda, Maryland.

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RECEIVED
NOV 28 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

11369

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 214

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE District of Columbia — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 4412 Garrison St. N.W.

3. NAME OF DECEASED (Type or Print): (First) John (Middle) Charles (Last) Driscoll

4. DATE OF DEATH: (Month) Nov (Day) 18 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Mar. 27, 1863

9. AGE last birthday: 87 yrs. — If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Coal mine Supt.

10b. KIND OF BUSINESS OR INDUSTRY: mining

11. BIRTHPLACE (State or foreign country): Stanley, New York

12. CITIZEN OF WHAT COUNTRY?: U.S.a

13. FATHER'S NAME: Jeremiah Driscoll

14. MOTHER'S MAIDEN NAME: Ellen Laughlin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service): No

16. SOCIAL SECURITY NO.: No

17. INFORMANT AND ADDRESS: Mrs. Betty D Buell - daughter

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Congestive Heart Failure — Interval Between Onset and Death: 6 mo

Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Arteriosclerosis - Generalized — 540.0 1170
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Nov. 6, 1950

19b. MAJOR FINDINGS OF OPERATION: gastric ulcer & complete retension

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1945, 19..., to Nov 18, 19 50, that I last saw the deceased alive on Nov 17, 19 50, and that death occurred at 12:25 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED
Gilbert B. Lude M.D. 3900 Wisconsin Ave N.W. 11/18/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 11/21/50 — NAME OF CEMETERY OR CREMATORY: Prospect Hill Cemetery — LOCATION (City, town, or county) (State): Wash D C

DATE REC'D BY LOCAL REG. 11/19/50 — REGISTRAR'S SIGNATURE: Frances Foster

24. FUNERAL DIRECTOR — ADDRESS
THE S.H. HINES Co 2901 14TH ST N.W. WASH., D.C.

316 V 2

RECEIVED
NOV 21 1950
BUREAU V. S.

11370

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda; LENGTH OF STAY (In this place) MARYLAND; HOSPITAL OR INSTITUTION OR STREET ADDRESS 6503 Fairfax Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Monty; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda; STREET ADDRESS (If rural give location) 6503 Fairfax Rd

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Burton	L	Ellis	Nov	19	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
male	col	Married	April 12, 1907	43 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
Painter	Ft. Bely.	Dillwyn, Va	U.S.A

13. FATHER'S NAME Steven Ellis

14. MOTHER'S MAIDEN NAME Dora Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
		234-22-4843	Elizabeth Ellis

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary occlusion	15 min.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

420.1
94a

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY m.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Frank J. Bouchat	M.D.	Gaithersburg md	11-19-50

23. BURIAL, CREMATION / REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	11-21-1950		Richmond, Va.	

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11-21-50	Helen Burroughs	Robert L. Snowden	Rockville, Md

74081

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NOV 25 1950

MARYLAND STATE DEPARTMENT OF HEALTH

11371

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Kensington
LENGTH OF STAY (In this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 23 W. Baltimore St.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Kensington
STREET ADDRESS (If rural give location): 23 W. Baltimore St.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
MARY	C.	FISHER	Nov. 2, 1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Female	White	Widowed	3 Sept. 1870	80 yrs.	1 / 29	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own Home	Maryland	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William R. Allnutt	Helen Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
NO	None	Frank S. Fisher (son)

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carcinoma of stomach with metastasis — 1 yr.

151X **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

46b (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Frank J. Broccard	M.D.	Gaithersburg Md	11-2-50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	11/4/50	Monocacy Cemetery	Montgomery Co., Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11-4-50	Helen Kurvach	Robert A. Pumphrey	Bethesda, Md.

VS. A15A

RECEIVED
NOV 8 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11372

Reg. Dist. No. 223-

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery County — MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park; LENGTH OF STAY (in this place) 2 Mon. 28 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium and Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE — COUNTY District of Columbia; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington, D.C.; STREET ADDRESS (If rural, give location) Wardman Park Hotel Apt. 610 C

3. NAME OF DECEASED (Type or Print): (First) Martha (Middle) (none) (Last) Fitzpatrick

4. DATE OF DEATH: (Month) Nov. (Day) 29 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Sept. 28 1874

9. AGE last birthday: 76 yrs. — If under 1 year: Months 2, Days 1; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Washington, D.C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Bernard Fitzpatrick

14. MOTHER'S MAIDEN NAME: Mary McWilliams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Unknown — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Patient's chart

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Bronchopneumonia terminal	2 days
332 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) cerebral thrombosis	3 months
83b	(c) Senile Generalized arteriosclerosis.	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: none

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 31, 1950, to Nov 29, 1950, that I last saw the deceased alive on Nov 29, 1950, and that death occurred at 7:48 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Frederic Hammond M.D. Takoma Park Nov. 29/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 12-4-1950 — NAME OF CEMETERY OR CREMATORY: Mount Olivet Cem — LOCATION (City, town, or county) (State): Wash. D.C.

DATE REC'D BY LOCAL REG.: 11/30/50 — REGISTRAR'S SIGNATURE: J. Milton Dodd

24. FUNERAL DIRECTOR — ADDRESS: Joseph Gawler's Sons 1756 Penna. Ave. N.W. Wash. D.C.

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DEC 6 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH 11373

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 214

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH — COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda | LENGTH OF STAY (in this place): 18 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Dist. of Col. — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural, give location): 448 Emerson St., N.W.

3. NAME OF DECEASED (Type or Print): (First) Eva (Middle) (Last) Fletcher

4. DATE OF DEATH: (Month) November (Day) 2 (Year) 19 50

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Sept. 20, 1885

9. AGE last birthday: 65 yrs. | If under 1 year: Months. | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Va.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: XXXXXXX Henry Schwartzel

14. MOTHER'S MAIDEN NAME: Sue Oliver

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY No.:

17. INFORMANT AND ADDRESS: Husband

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Chr. Myocardial Degeneration	8 yrs
421.1 Antecedent cause(s)	(b) Valvular Heart Disease - Aortic	10 yrs
92a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Pneumonia	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Phlebitis Left leg

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-1-45, 19....., to 11-1-....., 1950, that I last saw the deceased alive on 11-1-....., 1950, and that death occurred at 2:35 A.m., from the causes and on the date stated above.

SIGNATURE: Andrew J Beltz (Degree or title) M.D. ADDRESS: 800 Butternut St. N.W. DATE SIGNED:

23. BURIAL, CREMATION, REMOVAL (Specify): Buried | DATE: 11-4-50 | NAME OF CEMETERY OR CREMATORY: Glenwood. | LOCATION (City, town, or county) (State): DC

DATE REC'D BY LOCAL REG.: 11-3-50 | REGISTRAR'S SIGNATURE: Helen Kurnack

24. FUNERAL DIRECTOR: The S. H. Hines Co ADDRESS: 2901-14th St. N.W. Wash. D.C.

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NOV 6 1950
BUREAU V. S

Evidence for additions in #18 shown on:

FILM No. G 1 50 JAN 3 1951

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11374

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Garret Park
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospt.	STREET ADDRESS (If rural, give location) 10 Warwick St.

3. NAME OF DECEASED (Type or Print) (First) WILMER	(Middle) PATERLINE	(Last) FOWLER	4. DATE OF DEATH (Month) Nov.	(Day) 29,	(Year) 1950
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	8. DATE OF BIRTH 21 Oct. 1932	9. AGE last birthday 18 yrs.	If under 1 year Months / Days; If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student	10b. KIND OF BUSINESS OR INDUSTRY School	11. BIRTHPLACE (State or foreign country) Pennsylvania	12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME Wilmer C. Fowler		14. MOTHER'S MAIDEN NAME Lena Paterline			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. None	17. INFORMANT AND ADDRESS W.C. Fowler-10 Warwick St. Garret Park, Md.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Septicemia secondary to (b)	1 day
602x Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Acute pyelonephritis c renal abscesses	2 days
134a	(c) Renal calculus, left (1-2-1951 akc)	
II	(c) Paraplegia secondary to fracture of fifth cervical vertebrae	16 months

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 28 Nov 1950	19b. MAJOR FINDINGS OF OPERATION Abdominal Exploratory - essentially negative	20. AUTOPSY? Yes ☑ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify) —	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 1, 1949, to 29th Nov, 1950, that I last saw the deceased alive on 29 Nov, 1950, and that death occurred at 5:35 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
S. Richard Ramersfeld	M.D.	7345 Wisconsin Ave, Bethesda Md.	11/30/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Cremation	1 Dec. 1950	Cedar Hill Crematory	Prince George Co. Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12-2-50	Helen Kurrack	Robert A. Humphrey	Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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RECEIVED
DEC 4 1950
BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

11375

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 218

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural to Gaithersburg Md; HOSPITAL OR INSTITUTION OR STREET ADDRESS —; MARYLAND; LENGTH OF STAY (in this place) All life

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural to Gaithersburg Md; STREET ADDRESS (If rural give location) —

3. NAME OF DECEASED (Type or Print): (First) CHARLES (Middle) A (Last) FRALEY

4. DATE OF DEATH: (Month) Nov (Day) 17 (Year) 1950

5. SEX: male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: Mar 26 1888

9. AGE last birthday: 62 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Labor

10b. KIND OF BUSINESS OR INDUSTRY: Plumbing

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Francis M. Fraley

14. MOTHER'S MAIDEN NAME: Margaret Ann Harget

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): — (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: 214-16-7722

17. INFORMANT: Ida L. Fraley Gaithersburg Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary occlusion

420.1 94a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH: sudden death

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

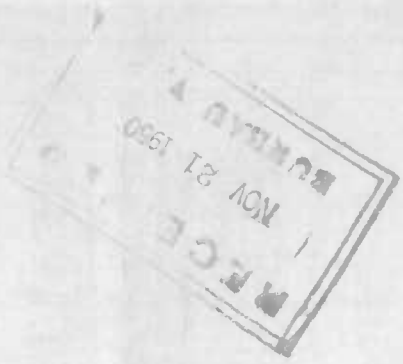
SIGNATURE Grant J. Bouchart (Degree or title) M.D. ADDRESS Gaithersburg Md DATE SIGNED 11-17-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial; DATE THEREOF Nov 19-1950; NAME OF CEMETERY OR CREMATORY Rockville Memory; LOCATION (City, town, or county) (State) Montgomery Co Md

DATE REC'D BY LOCAL REG. 11/19/50; REGISTRAR'S SIGNATURE Louise D. Bell

24. FUNERAL DIRECTOR Roy W. Barber; ADDRESS Gaithersburg Md

348


NOV 21 1990

MARYLAND STATE DEPARTMENT OF HEALTH

11376

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 223

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Montgomery County — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Takoma Park
LENGTH OF STAY (in this place): 52 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Washington Sanitarium & Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: D.C. — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington D.C.
STREET ADDRESS (If rural, give location): 5429 Conn. Ave. N.W.

3. NAME OF DECEASED (Type or Print): (First) HULDA (Middle) (NMN) (Last) GATES

4. DATE OF DEATH: (Month) Nov. (Day) 5 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: Aug. 26 1884

9. AGE last birthday: 66 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Mln.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Pastry Cook - Restaurant

10b. KIND OF BUSINESS OR INDUSTRY: Self employed

11. BIRTHPLACE (State or foreign country): Sweden

12. CITIZEN OF WHAT COUNTRY? Swedish

13. FATHER'S NAME: Un Known

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):

16. SOCIAL SECURITY No.:

17. INFORMANT AND ADDRESS: Miss Lucy Hutchinson, Same address as above pt.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Bronchopneumonia	Terminal	2 days
332* Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) uremia	Terminal	1 week
83 b	(c) Cerebral Thrombosis		2½ months

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: none

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): none

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 14, 1950, to Nov 5, 1950, that I last saw the deceased alive on Nov 5, 1950, and that death occurred at 6:45 p.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Frederic Brenneman	Registered M.D.	Takoma Park	Nov. 5, 1950

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
	11/8/50.	Arlington National Cem	Arlington Co.	Va

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11/5/50.	J. Hilton Dodd	Robert A. Pumphrey	Bethesda Md.

720 71

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BUREAU V. S

11377

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 214

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
LENGTH OF STAY (in this place) 0
HOSPITAL OR INSTITUTION OR STREET ADDRESS 10405 Georgia Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Monty
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington, DC
STREET ADDRESS (If rural give location) 908 Quincy St. N.W.

3. NAME OF DECEASED (Type or Print) (First) Leonard (Middle) S (Last) Goldwater
4. DATE OF DEATH (Month) nov (Day) 26 (Year) 1950
5. SEX male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) single
8. DATE OF BIRTH 10-8-33
9. AGE last birthday 17 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Washington DC
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Abraham Goldwater
14. MOTHER'S MAIDEN NAME Rebecca Jaffe
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Abraham Goldwater, Father

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
825.5 Immediate cause	(a) Hemorrhage due to fracture	sudden death
170c Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) of skull	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☒ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) highway
(CITY OR TOWN) Silver Spring (COUNTY) Monty (STATE) md
TIME OF INJURY (Month) nov (Day) 26 (Year) 50 (Hour) 9.25 A m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Auto accident

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) Frank J. Broschart M.D. ADDRESS Gaithersburg DATE SIGNED md

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 11/29/50
NAME OF CEMETERY OR CREMATORY Ohev Sholom Cem
LOCATION (City, town, or county) Wash. DC. (State)
DATE REC'D BY LOCAL REG. 11-27-50
REGISTRAR'S SIGNATURE Frances Potter
24. FUNERAL DIRECTOR B Damansky & Son, 3505 14th St NW Wash DC ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
NOV 29 1950
BUREAU OF S

11378

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place) 10 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
STREET ADDRESS (If rural, give location) 4607 Sleaford Rd

3. NAME OF DECEASED (Type or Print) (First) Rev. Frank (Middle) Lloyd (Last) Griffin
4. DATE OF DEATH (Month) Nov (Day) 7 (Year) 1950
5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 8-19-'75
9. AGE last birthday 75 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Minister of the Gospel
10b. KIND OF BUSINESS OR INDUSTRY Retired
11. BIRTHPLACE (State or foreign country) Fayette Co Penn
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Newton R. Griffin
14. MOTHER'S MAIDEN NAME Margaret Ann Hess
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS James Lloyd Griffin (Son) 109 E. Glenbrook R Bethesda

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
420.1 Immediate cause	(a) Coronary artery disease - Heart Block	
94a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 26/oct, 1950, to 7/nov/, 1952, that I last saw the deceased alive on 7/nov/1950, and that death occurred at 2:55 P. m., from the causes and on the date stated above.

SIGNATURE Charles R. T. Halley (Degree or title) ADDRESS 915-19th N.W. Wash DC DATE SIGNED 7/nov/1950

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 10Nov.1950
NAME OF CEMETERY OR CREMATORY Cedar Hill
LOCATION (City, town, of county) (State) Prince George, Maryland
DATE REC'D BY LOCAL REG. 11-8-50
REGISTRAR'S SIGNATURE Helen Kurrack
24. FUNERAL DIRECTOR Robert A. Pumphrey ADDRESS Bethesda, Md.

V0894

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
NOV 10 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11379

CERTIFICATE OF DEATH

Reg. Dist. No. 223

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY MONTGOMERY; CITY OR TOWN Takoma Park; HOSPITAL OR INSTITUTION OR STREET ADDRESS 217 Maple Ave; MARYLAND; LENGTH OF STAY (in this place)

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park; STREET ADDRESS (If rural, give location) 217 Maple Ave.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Fannie	B	Grimsley	Nov.	16	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	white	Widow	3-8-1867	83 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
—	—	Culpepper, Virginia	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Rubin Gaines	Margaret ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
		Lawyer.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Thrombosis	4 days
420.1 94a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) arterio-sclerosis	Indefinite
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Nov. 12, 1950, to Nov. 16, 1950; that I last saw the deceased alive on 10:45 a.m. Nov. 16th, 1950, and that death occurred at 10:50 a.m., from the causes and on the date stated above.

SIGNATURE: [signature] (Degree or title) M.D. ADDRESS 6911 5th St. N.W. Washington DATE SIGNED NOV 21 1950

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	11/18/50	Fairview Cemetery	Culpepper Virginia

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11/16/50	J. Wilson Dodd	The S.H. Hines Co.	2901 14th St. N.W. Wash. D.C.

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NOV 20 1950
BUREAU V. S

11380

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
HOSPITAL OR INSTITUTION OR STREET ADDRESS 9016 Woodland Road	STREET ADDRESS (If rural, give location) 9016 Woodland Road

3. NAME OF DECEASED (Type or Print)	(First) Julia	(Middle) K	(Last) Grotlisch	4. DATE OF DEATH	(Month) Nov.	(Day) 25	(Year) 1950
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH March 26, 1883	9. AGE last birthday 67 yrs.	If under 1 year Months	Days	If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Own home	11. BIRTHPLACE (State or foreign country) Washington, D. C.	12. CITIZEN OF WHAT COUNTRY USA				
13. FATHER'S NAME Henry G. Klinge	14. MOTHER'S MAIDEN NAME Catherine Truesheim						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS Mr. Victor E. Grotlisch, 9016 Woodland Rd. Silver Spring, Md.					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Progressive Circulatory & Respiratory Paralysis.	2 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cachexia & Inanition	6 months
	(c) Amyatrophic lateral sclerosis	2½ yrs.

356.1

82

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death none

19a. DATE OF OPERATION 3-14-50	19b. MAJOR FINDINGS OF OPERATION Normal stomach; stoma established for feeding.	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify) neither	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) none	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) XXXXXXX m.	INJURY OCCURRED While at Work ☐ Not While At Work ☐ XXXXXXXXXX	HOW DID INJURY OCCUR? XXXXXXXXXXX

22. I hereby certify that I attended the deceased from 7-14, 1941, to 11-24, 1950, that I last saw the deceased alive on 11-24, 1950, and that death occurred at 10 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
[signature]		8005 Woodbury Dr. Silver Spring, Md.	11-28-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 11/29/50	NAME OF CEMETERY OR CREMATORY Rock Creek Cemetery	LOCATION (City, town, or county) (State) Washington, D. C.
DATE REC'D BY LOCAL REG. 11/28/50	REGISTRAR'S SIGNATURE Frances Potter	24. FUNERAL DIRECTOR Warner E. Pumphrey	ADDRESS 8434 Georgia Ave. Silver Spring, Maryland

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
NOV 30 1950

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11381

CERTIFICATE OF DEATH

Reg. Dist. No. 216

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
MARYLAND
LENGTH OF STAY (in this place) 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland
COUNTY Mont.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
STREET ADDRESS (If rural, give location) 8124 14th Ave. ✓

3. NAME OF DECEASED (Type or Print): (First) Winifred (Middle) Agnes (Last) Haggerty

4. DATE OF DEATH: (Month) November (Day) 10 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Feb. 22, 1885

9. AGE last birthday: 65 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Thomas Frain

14. MOTHER'S MAIDEN NAME: Margaret Duffy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: John J. Haggerty - Husband

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Chr Arteriosclerotic Heart Disease	8 yrs
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Generalized Arteriosclerosis	8 yrs
	(c) Chr. Glomerular Nephritis	2 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Herpes Zoster — 8 days

420.0
131a
088x

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-1-42., 19....., to 11-9-50, 19....., that I last saw the deceased alive on 11-8-50., 19....., and that death occurred at 11:35 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Andrew J. Beth — 800 Butternut St N.W

23. BURIAL, CREMATION / REMOVAL (Specify) Removal — DATE 11-20-50 — NAME OF CEMETERY OR CREMATORY — LOCATION (City, town, or county) (State) Wash. D.C.

DATE REC'D BY LOCAL REG. 11-10-50 — REGISTRAR'S SIGNATURE Helen Kurweck

24. FUNERAL DIRECTOR J. Arthur Walters — ADDRESS 254 Carroll St N.W.

VS. A15

RECEIVED
NOV 14 1950
BUREAU OF

11382

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 214

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Wheaton — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Wheaton
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2606 Weisman Rd.	STREET ADDRESS (If rural give location) 2606 Weisman Road

3. NAME OF DECEASED (Type or Print) (First) Herman (Middle) Nels (Last) Hansen

4. DATE OF DEATH (Month) Nov (Day) 30 (Year) 1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months / Days	If under 24 hrs. Hours / Min.
Male	White	Divorced	June 30, 1885	65 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Funeral Livery Business	Own business	Oslo, Norway	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John P. Hansen	Karen ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT
no	476-30-0505	Mrs. Lucille J. Sogn - dtr

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary occlusion — sudden

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) — death

94a (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) Frank J. Bronchart M.D. — ADDRESS Gaithersburg Md — DATE SIGNED 11-30-50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Trans. & Burial	Dec. 3, 1950	Hillside Cemetery	Minneapolis, Minnesota

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Dec 1/50	Frances Potter	Warner E Pumphrey	8434 Ga. Ave., Silver Spring, Maryland

V6481

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
DEC 6 1950

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11383

CERTIFICATE OF DEATH

Reg. Dist. No. 214

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 9014 Colesville Road

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring
STREET ADDRESS (If rural, give location): 9014 Colesville Rd.

3. NAME OF DECEASED (Type or Print): (First) William (Middle) Charles (Last) Heider, Jr.

4. DATE OF DEATH: (Month) Nov. (Day) 11 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Nov. 3, 1912

9. AGE last birthday: 38 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Taxi driver

10b. KIND OF BUSINESS OR INDUSTRY: Silver Spring Cab Co.

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Charles Heider, Sr.

14. MOTHER'S MAIDEN NAME: Mabel King

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 578-105-075

17. INFORMANT AND ADDRESS: Mr. Wm. Chas. Heider, Laneview, Virginia

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 1 day

420.1 94a

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertension

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10 Nov, 1950, to 11 Nov, 1950, that I last saw the deceased alive on 10 Nov, 1950, and that death occurred at 3 P m., from the causes and on the date stated above.

SIGNATURE: William D Cud (Degree or title) MD ADDRESS: Silver Spring Md DATE SIGNED: 11 Nov 50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 11/14/50 — NAME OF CEMETERY OR CREMATORY: Rockville Union Cemetery — LOCATION (City, town, or county): Montgomery County (State): Md.

DATE REC'D BY LOCAL REG. 11/16/50 — REGISTRAR'S SIGNATURE: Frances Potter

24. FUNERAL DIRECTOR: Warner E. Pumphrey — ADDRESS: 8434 Ga. Ave., Silver Spring Maryland

420.5 V

Coroner notified — 2 approved Certificate of death

Mrs Dlund, MD

RECEIVED
NOV 20 1950

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11384

CERTIFICATE OF DEATH

Reg. Dist. No. 2-17

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Olney
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: The Montgomery County General Hospital Inc.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring
STREET ADDRESS (If rural, give location): 1006 North Noyes Drive

3. NAME OF DECEASED (Type or Print): (First) Hubert (Middle) Clifton (Last) Hickerson

4. DATE OF DEATH: (Month) November (Day) 15 (Year) 19 50

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: 1/28/1862

9. AGE last birthday: 88 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Grocery Store Owner

10b. KIND OF BUSINESS OR INDUSTRY: Grocery

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Henry C. Hickerson

14. MOTHER'S MAIDEN NAME: Frances E. Rudasil

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

15. SOCIAL SECURITY No.: none

17. INFORMANT AND ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cardiac decompensation	2 mo
150.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis	?
95c	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1950, to 15 Nov, 1950, that I last saw the deceased alive on 14 Nov, 1950, and that death occurred at 10:10a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): William D. Auf, MD — ADDRESS: Silver Spring Md — DATE SIGNED: 15 Nov 50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 11/17/50 — NAME OF CEMETERY OR CREMATORY: Rockville Union Cemetery — LOCATION (City, town, or county) (State): Montgomery County, Maryland

DATE REC'D BY LOCAL REG.: 11-17-50 — REGISTRAR'S SIGNATURE: Gertrude B Lauder

24. FUNERAL DIRECTOR: Warner E. Pumphrey — ADDRESS: 8434 Ga. Ave., Silver Spring Maryland

15661

RECEIVED
NOV 22 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11385

Reg. Dist. No. 216

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda #14 R.F.D | LENGTH OF STAY (in this place) 44 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Mont
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda RFD-14 (Rural, Columbia)
STREET ADDRESS (If rural give location) 3 Webb Road - Colin Johns Bethesda Gardens

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
Columbus	Jerome	Hill	November 22 1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
Male	White	Married	April 1, 1877	73 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Painter	U.S. Govt -	Marion Station, Maryland	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
James Hill	Sarah Ford -

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT
No		236-20-9570	Wife, Mina Addy Hill -

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Hemorrhage	8 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 331X 83a	(b) o/d hemiplegia -	3 years
	(c) cerebral sclerosis	5 to 6 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from April, 1947, to 11/22, 1950, that I last saw the deceased alive on 11/22, 1950, and that death occurred at 6:45 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
William Webb M.D.		Portville Md -	11/22/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial-Transit	25Nov.1950	Philos Cemetery	Allegany Co., Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Nov. 22'50	Helen Kurwacki	Robert A. Humphrey	Bethesda, Md.

J.

34077

RECEIVED
NOV 28 1950

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

11386

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (In this place) 4½ hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Mont. ~~Prince George~~
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 702 Chillum Rd
STREET ADDRESS (If rural give location) Hyattstown

3. NAME OF DECEASED (Type or Print) (First) Rebecca (Middle) (Last) Katz
4. DATE OF DEATH (Month) Nov (Day) 20 (Year) 1950
5. SEX Fe
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH 1-25-1889
9. AGE last birthday 61 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Russia
12. CITIZEN OF WHAT COUNTRY? ?
13. FATHER'S NAME Hyman Ravkin
14. MOTHER'S MAIDEN NAME Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Husband

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

9702 Immediate cause (a) Barbiturate poisoning — 7 hrs.

163 B Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma of breast with metastasis — 1 yr.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) Frank J. Brockhart M.D. ADDRESS Gaithersburg Md DATE SIGNED 11-20-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 11/22/50
NAME OF CEMETERY OR CREMATORY George Washington
LOCATION (City, town, or county) Nam Hyattsville (State) Md

DATE REC'D BY LOCAL REG. 11-20-50
REGISTRAR'S SIGNATURE Helen Kurvosky
24. FUNERAL DIRECTOR B Danzansky & Son ADDRESS 3501-14th St N.W. Wash. D.C.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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VS. A15A

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RECEIVED
NOV 25 1950
BUREAU OF S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11387

CERTIFICATE OF DEATH

Reg. Dist. No. 2-17

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Montgomery — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring
LENGTH OF STAY (in this place): 2 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 9503 Saybrook Ave

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Pennsylvania — COUNTY: Blair
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Altoona
STREET ADDRESS (If rural give location): 3527 6th Ave

3. NAME OF DECEASED (Type or Print): (First) Carrie (Middle) ADA (Last) Keckler

4. DATE OF DEATH: (Month) November (Day) 10 (Year) 1950

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 3 June 1878

9. AGE last birthday: 72 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Joe Wentzel

14. MOTHER'S MAIDEN NAME: Martha Poole

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: —

17. INFORMANT: Mr. Geo. S. Keckler - Husband

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Acute Coronary Occlusion	1 hr
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 94a	(b) Coronary artery sclerosis	14 yrs
	(c) Arteriosclerosis	5 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Healing ac myocardial infarction — 2 mos

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): None

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: None (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept, 1949, to 10 Nov, 1950, that I last saw the deceased alive on 5 Nov, 1950, and that death occurred at 3:20 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Martin J. White M.D. — 9715 Georgia Ave, Silver Spring — 10 Nov 50

23. BURIAL, CREMATION REMOVAL (Specify): Transportation & Burial — DATE THEREOF: 11/11/50 — NAME OF CEMETERY OR CREMATORY: Alta Rest Cemetery — LOCATION (City, town, or county) (State): Altoona Pennsylvania

DATE REC'D BY LOCAL REG.: 11/13/50 — REGISTRAR'S SIGNATURE: Frances Potter

24. FUNERAL DIRECTOR — ADDRESS: Warner E. Pumphrey 8434 Ga. Ave. Silver Spring Maryland

RECEIVED
NOV 14 1960
BUREAU OF

MARYLAND STATE DEPARTMENT OF HEALTH 11388

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 223

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (in this place) few min.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. San. + Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince George's ~~Monty~~
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
STREET ADDRESS 5708 (If rural give location) 29th Ave.

3. NAME OF DECEASED (Type or Print) (First) Jeter (Middle) HENRY (Last) Knauer
4. DATE OF DEATH (Month) Nov (Day) 10 (Year) 1950
5. SEX male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH Oct 2, 1904
9. AGE last birthday 46 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Plumber (SELF)
10b. KIND OF BUSINESS OR INDUSTRY GENERAL REPAIR
11. BIRTHPLACE (State or foreign country) D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME George Knauer
14. MOTHER'S MAIDEN NAME Harriet Jeter
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) NONE
16. SOCIAL SECURITY NO. 579-03-6694
17. INFORMANT MRS. HELEN I. KNAUER

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary occlusion — sudden death

420.1 94a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Frank J. Broschart (Degree or title) M.D. ADDRESS Gaithersburg Md DATE SIGNED 11-10-50

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL
DATE THEREOF 11/13/1950
NAME OF CEMETERY OR CREMATORY FORT LINCOLN CEM.
LOCATION (City, town, or county) COLMAR MANOR (State) MD.
DATE REC'D BY LOCAL REG. 11/15/50
REGISTRAR'S SIGNATURE J. Wilson Dodd
24. FUNERAL DIRECTOR W. W. CHAMBERS CO. ADDRESS RIVERDALE, MD

348V9

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

RECEIVED
NOV 17 1960
BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11389

Reg. Dist. No. 214

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH — COUNTY: Montgomery — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring — LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 542 Ritchie ave

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring
STREET ADDRESS (If rural give location): 542 Ritchie ave

3. NAME OF DECEASED (Type or Print): (First) William (Middle) (Last) Lancaster

4. DATE OF DEATH: (Month) Nov. (Day) 26 (Year) 1950

5. SEX: male

6. COLOR OR RACE: A. A.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: March 4 1874

9. AGE last birthday: 76 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Janitor

10b. KIND OF BUSINESS OR INDUSTRY: Bank

11. BIRTHPLACE (State or foreign country): Montg. Co. Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Lancaster

14. MOTHER'S MAIDEN NAME: Celia Gassaway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: 220-09-5616

17. INFORMANT: Josephine Lancaster

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Chronic Myocarditis	2 years
150 X Antecedent cause(s)		
460 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) " Nephritis	1 year
	(c) Ca. Esophagus	6 months

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 7, 1949, to Nov 26, 1950, that I last saw the deceased alive on 11/26, 1950, and that death occurred at 7P m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Calvin B. LeCompte — ADDRESS: 61 R St. NE — DATE SIGNED: 11/28/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 11/29/50 — NAME OF CEMETERY OR CREMATORY: Lincoln Park, — LOCATION (City, town, or county) (State): Rockville, Md

DATE REC'D BY LOCAL REG. 11/29/50 — REGISTRAR'S SIGNATURE: Frances Potter

24. FUNERAL DIRECTOR: Robert L. Snowden — ADDRESS: Rockville, Md

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DEC 1 1950
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 223-

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kokoma Park
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 100 Baltimore Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Washington COUNTY D. C.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 4318 - 10th St NE

3. NAME OF DECEASED (Type or Print) (First) Aggie (Middle) R. (Last) Lauxman
4. DATE OF DEATH (Month) Nov. (Day) 3 (Year) 1950
5. SEX F.
6. COLOR OR RACE W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH 5-1-78
9. AGE last birthday 72 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Pennsylvania
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Oatha Calimen
14. MOTHER'S MAIDEN NAME Malenda Caliman
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Richard A. Lauxman

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hypertensive Cardio Vascular Disease

331X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cerebral Accident - Lt Hemiphysis

93d (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) None.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept, 1950, to Nov 3, 1950, that I last saw the deceased alive on Oct 30, 1950, and that death occurred at 7:10 P. m., from the causes and on the date stated above.

SIGNATURE Arthur A. Davis (Degree or title) M.D. ADDRESS 1726 Eye St. N.W. Wash. D.C. DATE SIGNED NOV 8 1950

23. BURIAL, CREMATION REMOVAL (Specify) DATE THEREOF 11-7-1950 NAME OF CEMETERY OR CREMATORY Prospect Hill LOCATION (City, town, or county) Washington (State) D.C.

DATE REC'D BY LOCAL REG. 11/3/50 REGISTRAR'S SIGNATURE J. Wilson Dodd
24. FUNERAL DIRECTOR Lee Funeral Home ADDRESS 300 4th St NE

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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VS. A15

RECEIVED
NOV 6 1950
BUREAU V. S

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11391

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place) 36 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) 8712 Colesville Road

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) DANIEL JOSEPH LEE

4. DATE OF DEATH (Month) (Day) (Year) Nov. 25, 1950

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH Aug. 22, 1876

9. AGE last birthday 74 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Custodian of Tools Eng. Mach Div.

10b. KIND OF BUSINESS OR INDUSTRY U. S. Government

11. BIRTHPLACE (State or foreign country) Washington, D. C.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME William Lee

14. MOTHER'S MAIDEN NAME Mary O'Grady

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS Mrs. Margaret L. Moffatt, daughter 2007 Luzerne Ave., Silver Spring, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Circulatory collapse; Heart Failure	Immediate
450.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Acute abdominal crisis; Perforated Pyloric Ulcer	2 days
	(c) Generalized peritonitis	2 days
117a	(d) Generalized arteriosclerosis: Bilateral Glaucoma	Aprx. 1 yr.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION none

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) none

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) none (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) None m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? None

22. I hereby certify that I attended the deceased from Oct., 1950, to Nov. 25, 1950, that I last saw the deceased alive on Nov. 24, 1950, and that death occurred at 6:10 A. m., from the causes and on the date stated above.

SIGNATURE L. Marshall Cuvillier Jr., MD. (Degree or title) ADDRESS 8648 Georgia Ave., Silver Spring, Md. DATE SIGNED 11/25/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF Nov. 28, 1950

NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery

LOCATION (City, town, or county) (State) Washington, D. C.

DATE REC'D BY LOCAL REG. 11-30-50

REGISTRAR'S SIGNATURE Helen Kvorvack

24. FUNERAL DIRECTOR Warner E. Pumphrey ADDRESS 8434 Georgia Ave. Silver Spring, Maryland

49697

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11392

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Home- 4716 Drummomd Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
STREET ADDRESS (If rural, give location) 4716 Drummond Ave.

3. NAME OF DECEASED (Type or Print) (First) Donald (Middle) Merriam (Last) Leith
4. DATE OF DEATH (Month) nov (Day) 26 (Year) 1950
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 31 Aug. 1906
9. AGE last birthday 44 yrs. If under 1 year Months 2 Days 25 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Liaison Officer
10b. KIND OF BUSINESS OR INDUSTRY U. S. Gov't.
11. BIRTHPLACE (State or foreign country) Concord, Mass.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Hugh F. Leith
14. MOTHER'S MAIDEN NAME Edith H. Brown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) undetermined	1 mo.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

795.5
200c

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Was under Christian Scientist treatment. no physician

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☒.*

SIGNATURE Frank J. Broschart (Degree or title) M.D. ADDRESS Gaithersburg Md DATE SIGNED 11-27-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial-Transit
DATE THEREOF 29Nov. 1950
NAME OF CEMETERY OR CREMATORY Sleepy Hollow Cem.
LOCATION (City, town, or county) (State) Concord, Mass.
DATE REC'D BY LOCAL REG. 11-27-50
REGISTRAR'S SIGNATURE Helen Kurvach
24. FUNERAL DIRECTOR Robert A. Pumphrey ADDRESS Bethesda, Md.

11297

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
NOV 28 1950
BUREAU OF

MARYLAND STATE DEPARTMENT OF HEALTH

11393

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 2/6

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BETHESDA | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS SUBURBAN HOSPITAL 8000 OLD GEORGETOWN ROAD

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
STREET ADDRESS (If rural, give location) 4824 Drummond Ave.

3. NAME OF DECEASED (Type or Print): (First) LEONIDAS (Middle) MILLINGTON (Last) LEONARD

4. DATE OF DEATH: (Month) 11 (Day) 1 (Year) 1950

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: March 12, 1874

9. AGE last birthday: 76 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Govt. Employee

10b. KIND OF BUSINESS OR INDUSTRY: U.S.P.H.S.

11. BIRTHPLACE (State or foreign country): Easton Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Clement Robert Leonard

14. MOTHER'S MAIDEN NAME: Mason

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Robert S. Leonard (Son) same as above.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Bronchopneumonia — Interval between onset and death: 4 days

Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Arteriosclerotic hypertensive cardiovascular disease — 20 years

(c) Senility — 10 years

443X
934

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 27, 1950, to Nov 1, 1950, that I last saw the deceased alive on Oct 31, 1950, and that death occurred at 12 55 P m., from the causes and on the date stated above.

SIGNATURE: Robert H. Coale (Degree or title) M.D. ADDRESS: 5707 Wisconsin Ave Chevy Chase Md. DATE SIGNED: 11/1/50

23. BURIAL, CREMATION REMOVAL (Specify) | DATE: Nov. 3, 1950 | NAME OF CEMETERY OR CREMATORY: Spring Hill Cem. | LOCATION (City, town, or county) (State): EASTON, Md

DATE REC'D BY LOCAL REG. 11-1-50 | REGISTRAR'S SIGNATURE: Helen Kurrack

24. FUNERAL DIRECTOR: The S.H. Hines Co. ADDRESS: 2901-14th St. NW Washington D.C.

496 pm

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M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11394

CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Monty.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) 10106 Georgia Ave.

3. NAME OF DECEASED (Type or Print) (First) Elmore (Middle) E. (Last) Lewis

4. DATE OF DEATH (Month) November (Day) 22 (Year) 1950

5. SEX M

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH 3-22-1874

9. AGE last birthday 76 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter

10b. KIND OF BUSINESS OR INDUSTRY D.C. Gov.

11. BIRTHPLACE (State or foreign country) Wash. D.C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Geo. Lewis

14. MOTHER'S MAIDEN NAME Katherine Fegendis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS Mrs. E.E. Lewis Same as Above

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral hemorrhage (non-traumatic)

443X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension cardiovascular disease.

93d (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from August 16, 1917, to Nov. 22, 1950, that I last saw the deceased alive on Nov. 22, 1950, and that death occurred at 8:30 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Alfred Baer, M.D. 8248 Georgia Ave, Silver Spring Md. Nov. 22, 1950

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF Nov 25, 1950

NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery

LOCATION (City, town, or county) (State) Prince Geo Cty, Md

DATE REC'D BY LOCAL REG. 11/23/50

REGISTRAR'S SIGNATURE Frances Potter

24. FUNERAL DIRECTOR Fred H. Hines Co. ADDRESS 2901 14th St. Wash. D.C.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 217

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Olney
LENGTH OF STAY (in this place) 19 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Montgomery County Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
STREET ADDRESS (If rural, give location) R.F.D. #3

3. NAME OF DECEASED (Type or Print) (First) Worthington (Middle) (Last) Lewis
4. DATE OF DEATH (Month) November (Day) 18 (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Sept. 26, 1879
9. AGE last birthday 71 yrs. If under 1 year Months 1 Days 2 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Self Employed
10b. KIND OF BUSINESS OR INDUSTRY Poultry Farm
11. BIRTHPLACE (State or foreign country) Montgomery County, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Unknown
14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS Mrs. Margaret Lewis R.F.D. #3 Bethesda, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Uremia	1 month
422.2 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Myocarditis & decompensation	3 months
93 e	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION none
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1948 19, to Nov. 18, 1950, that I last saw the deceased alive on Nov. 18, 1950, and that death occurred at 6 15 P. m., from the causes and on the date stated above.

SIGNATURE Wm. A. Linthicum, (Degree or title) M.D. ADDRESS Rockville, Md. DATE SIGNED 11/19/50.

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 11/21/50
NAME OF CEMETERY OR CREMATORY Boyds Methodist Church
LOCATION (City, town, or county) Boyds (State) Maryland

DATE REC'D BY LOCAL REG. 11-20-50
REGISTRAR'S SIGNATURE Gertrude B Lawler
24. FUNERAL DIRECTOR Robert A. Dumphrey ADDRESS Bethesda, Md

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VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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BUREAU V. S

11396

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 218

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Montg.Co, MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gaithersburg
LENGTH OF STAY (in this place) 1Mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS Asbury Methodist Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 759 S. Potomac St.

3. NAME OF DECEASED (Type or Print): (First) John (Middle) J. (Last) Long

4. DATE OF DEATH: (Month) 11 (Day) 22 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower

8. DATE OF BIRTH: May 19th 1864.

9. AGE last birthday: 86 yrs. If under 1 year: Months 6 Days 3 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Grocery Clerk

10b. KIND OF BUSINESS OR INDUSTRY: Grocery Store (Owner)

11. BIRTHPLACE (State or foreign country): Hagerstown. Md,

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: James T. Long

14. MOTHER'S MAIDEN NAME: Mary DeNeen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Records of Methodist Home

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Heart Failure — Interval Between Onset and Death: 48 hrs

Antecedent cause(s) (b) Acute Indigestion — 48 hrs

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) Senility

544.2 118

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov-20, 1950, to Nov-22, 1950, that I last saw the deceased alive on Nov-22-, 1950, and that death occurred at 11 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

William C. Miller, M.D. 7-Brooke Ave., Gaithersburg, Md. 11-23-50

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE: 11/25/50

NAME OF CEMETERY OR CREMATORY: Rest Haven

LOCATION (City, town, or county) (State): Hagerstown. Md.

DATE REC'D BY LOCAL REG.: NO. 23, 1950

REGISTRAR'S SIGNATURE: Alvada G. Cooke

24. FUNERAL DIRECTOR ADDRESS: Suter & Son, Hagerstown. Md.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11397

CERTIFICATE OF DEATH

Reg. Dist. No. 211

1. PLACE OF DEATH — COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Lewisdale Md — LENGTH OF STAY (in this place): all life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: —

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Lewisdale Md
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED (Type or Print) (First): MADESA (Middle): MAE (Last): LYLES
4. DATE OF DEATH (Month): Nov (Day): 8 (Year): 1950

5. SEX: Female
6. COLOR OR RACE: Col
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Mar 1 1903
9. AGE last birthday: 47 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic
10b. KIND OF BUSINESS OR INDUSTRY: Owne Home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Harry Smith
14. MOTHER'S MAIDEN NAME: Lena Washington

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): — (If year, give war or dates of service):
16. SOCIAL SECURITY NO.: —
17. INFORMANT: Ben Lyles

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral hemorrhage — 1 day.

443X Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic hypertensive cardiovascular disease — 6 years.

93d (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1945, to Nov. 8, 1950, that I last saw the deceased alive on Nov. 7, 1950, and that death occurred at 4:00 A.m., from the causes and on the date stated above.

SIGNATURE: James P. Kerr M.D. (Degree or title) — ADDRESS: Damascus, Md. — DATE SIGNED: Nov. 9, 1950

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: Nov 10-1950 — NAME OF CEMETERY OR CREMATORY: Pleasant Grove Md — LOCATION (City, town, or county) (State): Lewisdale Md

DATE REC'D BY LOCAL REG.: Nov. 10, 1950 — REGISTRAR'S SIGNATURE: Della W. Burdette — 24. FUNERAL DIRECTOR: Roy W. Barber — ADDRESS: Laytonsville Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH — COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda
LENGTH OF STAY (in this place): 15 Hours 20 min
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: District of Col — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural, give location): 3901 New Hampshire Ave NW

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): Samuel Lynn
4. DATE OF DEATH (Month) (Day) (Year): 11 2 1950
5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W
8. DATE OF BIRTH: Apr. 19 1861
9. AGE last birthday: 89 yrs. If under 1 year Months. Days. If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cotton Manufacturer
10b. KIND OF BUSINESS OR INDUSTRY: Retired
11. BIRTHPLACE (State or foreign country): North of Ireland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: ? Lynn
14. MOTHER'S MAIDEN NAME: Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS: Mrs R. H. Stacy 3024 Tilden St N.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Bronchopneumonia — 24 hrs.

Antecedent cause(s) (b) Arteriosclerotic hypertensive cardiovascular disease — 20 years

443x 93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) Myocardial insufficiency — 14 days

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 30, 1950, to Nov 2, 1950, that I last saw the deceased alive on Nov 1, 1950, and that death occurred at 8 55 A.m., from the causes and on the date stated above.

SIGNATURE: Robert L. Coale (Degree or title) M.D. ADDRESS: 5707 Wisconsin Ave Chevy Chase Md. DATE SIGNED: 11/2/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE: Nov. 4, 1950
NAME OF CEMETERY OR CREMATORY: Ft Lincoln Cem
LOCATION (City, town, or county) (State): Pr Geo Co Md
DATE REC'D BY LOCAL REG.: 11-3-50
REGISTRAR'S SIGNATURE: Helen Kurvach
24. FUNERAL DIRECTOR: J Arthur Walters
ADDRESS: 254 Carroll St DC. N.W.

156

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
NOV 6 1950
BUREAU V. S

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11399

CERTIFICATE OF DEATH

Reg. Dist. No. 218

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Olney
LENGTH OF STAY (in this place) 6 Ha 12 Hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Montgomery Co. Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Monty Co.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington Grove
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Rodney (Middle) R (Last) McCathran
4. DATE OF DEATH (Month) (Day) (Year) November 19 1950
5. SEX Male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH Jan 26, 1885
9. AGE last birthday 65 yrs. If under 1 year Months 9 Days 23 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Insurance Salesman
10b. KIND OF BUSINESS OR INDUSTRY Insurance Broker
11. BIRTHPLACE (State or foreign country) Washington - Dist. Columbia
12. CITIZEN OF WHAT COUNTRY? U.S.A
13. FATHER'S NAME Stillman J McCathran
14. MOTHER'S MAIDEN NAME Frances Eaton
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Parkinsonism — INTERVAL BETWEEN ONSET AND DEATH 4 years

350 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

870 (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at Work ☐ Not Whiln At work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 15, 1950, to Nov. 19, 1950, that I last saw the deceased alive on Nov. 18, 1950, and that death occurred at 6 45 a.m., from the causes and on the date stated above.

SIGNATURE Jack Schumacher (Degree or title) M.D. ADDRESS Gaithersburg, Md DATE SIGNED Nov. 20, 1950

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE THEREOF 11/21/50 NAME OF CEMETERY OR CREMATORY Forest Oak Cemetery LOCATION (City, town, or county) Gaithersburg (State) Md

DATE REC'D BY LOCAL REG. Nov. 20, 1950 REGISTRAR'S SIGNATURE Alfreda G Cooke
24. FUNERAL DIRECTOR E. C. Gartner ADDRESS Gaithersburg Md

25280

RECEIVED
NOV 21 1950

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11460

Reg. Dist. No. 214

1. PLACE OF DEATH
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Kensington
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 2927 Wheaton Road

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Kensington
STREET ADDRESS (If rural, give location): 2927 Wheaton Road

3. NAME OF DECEASED (Type or Print): (First) Margaret (Middle) Elizabeth (Last) McGarrity

4. DATE OF DEATH: (Month) Nov. (Day) 23, (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 10/2/1891

9. AGE last birthday: 59 yrs.
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Saleslady

10b. KIND OF BUSINESS OR INDUSTRY: Dept. Store

11. BIRTHPLACE (State or foreign country): Hume, New York

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Warner M. Sweet

14. MOTHER'S MAIDEN NAME: ? Stanton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Mr. James L. McGarrity, 2927 Wheaton Rd. Kensington, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Occlusion — 1-2 hours

420.1
940

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertension — 5-7 yrs?

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:
(CITY OR TOWN):
(COUNTY):
(STATE):
TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 19 47 to 23 Nov, 19 50 that I last saw the deceased alive on 19 Nov, 19 50 and that death occurred at 5:50 P m., from the causes and on the date stated above.

SIGNATURE: William D. Arp (Degree or title): M.D. ADDRESS: Silver Spring DATE SIGNED: 23 Nov '50

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: 11/25/50
NAME OF CEMETERY OR CREMATORY: Ft. Lincoln Cemetery
LOCATION (City, town, or county): Prince Geo. County (State): Md.

DATE REC'D BY LOCAL REG.: 11/27/50
REGISTRAR'S SIGNATURE: Francis Potter
24. FUNERAL DIRECTOR: Warner E. Pumphrey ADDRESS: 8434 Ga. Ave., Silver Spring Maryland

27863

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
NOV 29 1950
BUREAU V

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11401

Reg. Dist. No. 214

1. PLACE OF DEATH COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Springs
LENGTH OF STAY (in this place) 2 years 8 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Jolliffe Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED STATE Pa. COUNTY Westchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN West Chester
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) MARY (Middle) E (Last) McKIM

4. DATE OF DEATH (Month) Nov (Day) 3 (Year) 1950

5. SEX F

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) SINGLE

8. DATE OF BIRTH DEC 26 1858

9. AGE last birthday 91 yrs. If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sect Secretary

10b. KIND OF BUSINESS OR INDUSTRY U.S. Govt.

11. BIRTHPLACE (State or foreign country) Washington D.C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Dr. Samuel H McKim

14. MOTHER'S MAIDEN NAME Caroline Gibbs

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) None (If year, give war or dates of service)

16. SOCIAL SECURITY No. None

17. INFORMANT AND ADDRESS Jolliffe Nursing Home Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Vascular accident — INTERVAL BETWEEN ONSET AND DEATH 11 hrs.

331X Antecedent cause(s)

83a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized arteriosclerosis — X VS

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 4, 1949 to Nov. 3, 1950, that I last saw the deceased alive on Nov. 3, 1950, and that death occurred at 3:35 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Robert Rogers M.D. 1007 Seminary Rd. Silver Spring Rd. 11-5-50

23. BURIAL, CREMATION REMOVAL (Specify) DATE NAME OF CEMETERY OR CREMATORY Congressional LOCATION (City, town, or county) (State) Washington D.C.

DATE REC'D BY LOCAL REG. 11-4-50 REGISTRAR'S SIGNATURE Frances Potter

24. FUNERAL DIRECTOR W W Chambers Co ADDRESS 517-11 St S.E. Wash. D.C.

23697

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

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NOV 7 1950
BUREAU T. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11492 211

CERTIFICATE OF DEATH

Reg. Dist. No. 138

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Fountain Mills
LENGTH OF STAY (in this place): All Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: —

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Fountain Mills Md
STREET ADDRESS (If rural, give location): —

11:50 PM

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
CAROLINE	E	MONROE	Nov	17	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
FEMALE	Col	W. Dowed	Dec. 1887	62 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Domestic Duty	Home	Maryland	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Unknown	Louisa Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No		Jane M. Monroe Fountain Mills Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
422.1 Immediate cause (a)	Cerebral Hemorrhage	3 Days
93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	Arteriosclerotic-cardiovascular disease	10 years
(c)		

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 11/16, 1950, to 11/17, 1950, that I last saw the deceased alive on 11/17, 1950, and that death occurred at 11:50 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
James P. Kerr M. D. Damascus, Md. 11/20/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Nov 21-1950	Fountain Mills Md	Frederick Co Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Nov. 20, 1950	Raymond F. Kay Deputy Mrs. Stella W. Burdette	Roy W. Barber	Taylorsville Md

RECEIVED
DEC 8 1950
KEAU V.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11403

CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Montgomery Co. — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chevy Chase
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 4810 Chevy Chase Blvd

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chevy Chase
STREET ADDRESS (If rural, give location): 4810- Chevy Chase Blvd

3. NAME OF DECEASED (Type or Print): (First) WILLIAM J. (Middle) (Last) MULLEN

4. DATE OF DEATH: (Month) Nov. (Day) 14th (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: March 4-1893

9. AGE last birthday: 57 yrs. — If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Asst Bell Hop

10b. KIND OF BUSINESS OR INDUSTRY: May Flower Hotel

11. BIRTHPLACE (State or foreign country): Washington DC

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Josephus Mullen

14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If year, give war or dates of service):

16. SOCIAL SECURITY No.:

17. INFORMANT AND ADDRESS: Estelle B. Mullen 4810 Chevy Chase Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Pulmonary Edema	12 hrs
368x Antecedent cause(s)	(b) Cirrhosis of liver known	7 yrs.
124b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Neuropathy of cord below L4	2 yrs.
	Burgers disease & it began	1½ yrs.
	Coronary about	8 yrs ago.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1940, to 14 Nov, 1950, that I last saw the deceased alive on 14 Nov, 1950, and that death occurred at 3 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Richard B Castell — ADDRESS: Mayflower Hotel — DATE SIGNED: 14 Nov 50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: Nov-17-50 — NAME OF CEMETERY OR CREMATORY: St Barnabas Cemetery — LOCATION (City, town, or county) (State): Upper Marlboro Md

DATE REC'D BY LOCAL REG.: 11-14-50 — REGISTRAR'S SIGNATURE: Helen Kurrach

24. FUNERAL DIRECTOR — ADDRESS: Simms Bros. 2007 Nichols Ave S.E.

VS. A15

2 of 7

RECEIVED
NOV 16 1950
BUREAU V. S

11404

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase — LENGTH OF STAY (in this place) 9 yrs.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4602 Chevy Chase Blvd.	STREET ADDRESS (If rural, give location) 4602 Chevy Chase Blvd.

3. NAME OF DECEASED (Type or Print) (First) SIGRID (Middle) GERDA (Last) OHLSSON

4. DATE OF DEATH (Month) Nov. (Day) 21, (Year) 1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
Female	White	Widowed	20 Sept. 1868	82 yrs.	2	1		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own Home	Sweden	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Peter Mattsson	Johanna Ohlsson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No		None	4602 Chevy Chase Ruth I. Ohlsson-Chevy Chase, Md/Blvd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Generalized Carcinomatosis	3 months
Antecedent cause(s)	(b) Carcinoma of stomach	6 "
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Senility + general vascular failure	1 year

151X

46b

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 15, 1950, to Nov 21, 1950, that I last saw the deceased alive on Nov 20, 1950 and that death occurred at 10:00 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Robert E. Maher M.D.	1835 Eyer Wash. D.C	11/21/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	22Nov.1950	Cedar Hill Cemetery	Prince George Co, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11-21-50	Helen Kurwack	Robert A. Humphrey	Bethesda, Md.

M

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VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
NOV 25 1950
BUREAU OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1140 5

Reg. Dist. No. 223-

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: MONTGOMERY
STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: TAKOMA PARK
LENGTH OF STAY (in this place): 1yr 5 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS: WASHINGTON SANITARIUM and HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: MARYLAND
COUNTY: MONTGOMERY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: TAKOMA PARK
STREET ADDRESS (If rural, give location): 309 ETHAN ALLEN AVE

3. NAME OF DECEASED (Type or Print): (First) FRANK (Middle) LITHEUS (Last) OLDS.

4. DATE OF DEATH: (Month) 11 (Day) 20 (Year) 1950

5. SEX: MALE

6. COLOR OR RACE: CAUCASIAN

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: 11-14-1865

9. AGE last birthday: 85 yrs.

If under 1 year: Months / Days

If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED

10b. KIND OF BUSINESS OR INDUSTRY: Laundry owner

11. BIRTHPLACE (State or foreign country): DE BUTTE IOWA

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: JUSTIS OLDS

14. MOTHER'S MAIDEN NAME: ALMENA BRYANT

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: —

17. INFORMANT AND ADDRESS: HOSPITAL RECORD —

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Bronchopneumonia.	3 days.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Frac Neck of Left Femur	6/17/49.
450.0 107	(c) Gen Arteriosclerosis (Senile)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None.

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 5, 1948 to Nov 20, 1950, that I last saw the deceased alive on Nov 19, 1950, and that death occurred at 8 35 A m., from the causes and on the date stated above.

SIGNATURE: Howard Brooks (Degree or title) M.D. ADDRESS: 7 Laurel Ave Takoma Park Md. DATE SIGNED: 11/20/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: 11/21/50

NAME OF CEMETERY OR CREMATORY: Leo Washington Cem

LOCATION (City, town, or county) (State): Riggs Rd Hyattsville, Md.

DATE REC'D BY LOCAL REG.: 11/20/50

REGISTRAR'S SIGNATURE: J. Milton Dodd

24. FUNERAL DIRECTOR: Arthur L Talley ADDRESS: 254 Carroll St NW Takoma Park D.C.

156 08

RECEIVED
NOV 22 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11406

Reg. Dist. No. 215

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE District of Columbia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda (rural) LENGTH OF STAY (in this place) 1day8hr	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S.Naval Hospital	STREET ADDRESS (If rural, give location) 1916 15th St., S.E.

3. NAME OF DECEASED (Type or Print)	(First) Carolyn	(Middle) D	(Last) PHELPS	4. DATE OF DEATH	(Month) November (Day) 22 (Year) 1950
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	8. DATE OF BIRTH Nov. 20 1950	9. AGE last birthday yrs.	If under 1 year Months / Days 1 / If under 24 hrs. Hours 8 / Min. 55
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Newborn	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY? US		
13. FATHER'S NAME Lloyd L PHELPS		14. MOTHER'S MAIDEN NAME Carrie Lee CRIBB			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS Father: Lloyd L. PHELPS ~~1916 15th St SE~~ Wash., D.C.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) PREMATURITY

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

776X

159

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes X No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 20, 1950, to Nov 22, 1950, that I last saw the deceased alive on Nov. 22, 1950 and that death occurred at 8:15 A.m., from the causes and on the date stated above.

SIGNATURE: S.H.Oliver (Degree or title) S.H.OLIVER CDR MC USN ADDRESS U.S. Naval Hospital Bethesda Md. DATE SIGNED 11-22-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF Nov. 24 1950	NAME OF CEMETERY OR CREMATORY Arlington National	LOCATION (City, town, or county) Arlington (State) Virginia
DATE REC'D BY LOCAL REG. Nov.22-50	REGISTRAR'S SIGNATURE Edith Whittington	24. FUNERAL DIRECTOR W.W.CHAMBERS 517 11th St SE	ADDRESS Wash DC

20X200 211 250

O.M.K.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

M

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NOV 2- 1950
U. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11407

CERTIFICATE OF DEATH

Reg. Dist. No. 217

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Olney
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS The Montgomery County General Hospital Inc.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ellicott City
STREET ADDRESS (If rural, give location) R#1

3. NAME OF DECEASED (Type or Print) (First) Everett (Middle) H (Last) Pierson
4. DATE OF DEATH (Month) November (Day) 24 (Year) 1950
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 1893
9. AGE last birthday 57 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Farm owner
11. BIRTHPLACE (State or foreign country) Pennsylvania
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME William Pierson
14. MOTHER'S MAIDEN NAME Bertha Gallagher
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) WW 1
16. SOCIAL SECURITY NO. No
17. INFORMANT AND ADDRESS Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Occlusion	1 hour
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arterio Sclerosis	?
94a	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Nm

19a. DATE OF OPERATION ✓
19b. MAJOR FINDINGS OF OPERATION ✓
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) ✓
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE) ✓
TIME OF INJURY (Month) (Day) (Year) (Hour) ✓ m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? ✓

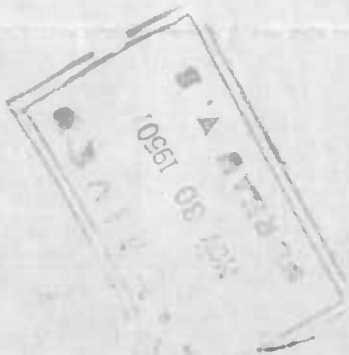
22. I hereby certify that I attended the deceased from 11/23/, 1950, to 11/24/, 1950, that I last saw the deceased alive on 11/23/, 1950 and that death occurred at 1.55 a.m., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) MD ADDRESS Sandy Spring Md DATE SIGNED 11/24/50

23. BURIAL, CREMATION REMOVAL (Specify) Cremation
DATE THEREOF 11-27-50
NAME OF CEMETERY OR CREMATORY Loudon Park
LOCATION (City, town, or county) Baltimore (State) Md

DATE REC'D BY LOCAL REG. 11/30/50
REGISTRAR'S SIGNATURE Gertrude Lawler
24. FUNERAL DIRECTOR F.S. Higinbotham ADDRESS Ellicott City Md

00011



M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11408

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place) 29 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Virginia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Falls Church, Va
STREET ADDRESS (If rural, give location) 819 W. Broad St

3. NAME OF DECEASED (Type or Print) Mary (First) Imogene (Middle) Pilling (Last)
Pilling Mary Imogene

4. DATE OF DEATH (Month) 11 (Day) 20 (Year) 1950

5. SEX female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH Jan. 15, 1877
9. AGE last birthday 73 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) HEREFORD, MARYLAND
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME FRANK X. BOUCHER
14. MOTHER'S MAIDEN NAME MARGARET CRENEY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS MRS. J. A. STOUTENBERG, 2006 COLUMBIA RD WASH. DC

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pneumonitis

526X Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized arteriosclerosis

106b (c) Chronic bronchiectasis

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Malnutrition

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 21, 1950, to Nov. 20, 1950, that I last saw the deceased alive on Nov. 19, 1950, and that death occurred at 9:00 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Elaine W Murphy MD
ADDRESS 4812 Ellicott St NW Washington DC
DATE SIGNED 11-20-50

23. BURIAL, CREMATION REMOVAL (Specify)
DATE 11-22-50
NAME OF CEMETERY OR CREMATORY Rock Creek
LOCATION (City, town, or county) (State) D.C.

DATE REC'D BY LOCAL REG. 11/20/50
REGISTRAR'S SIGNATURE Helen Kurvack
24. FUNERAL DIRECTOR S. D. Hines Co.
ADDRESS 2901 14th St N.W., Wash., D.C.

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NOV 25 1950
BUREAU U. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11409

Reg. Dist. No. 216

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: Montgomery — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda
LENGTH OF STAY (in this place): 2 mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Suburban

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring
STREET ADDRESS (If rural, give location): 8907 Colesville Rd

3. NAME OF DECEASED (Type or Print): (First) Alfred (Middle) (Last) Plant

4. DATE OF DEATH: (Month) 11 (Day) 18 (Year) 1950

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: 2-17-90

9. AGE last birthday: 60 yrs. — If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Photographer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): N.Y.

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: X Soloman Plant

14. MOTHER'S MAIDEN NAME: Fannie Fischer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

583 X — **Immediate cause** (a) Hepatitis — Interval between onset and death: 4 mo.

125 b — **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-19-50 to 11-18-50 that I last saw the deceased alive on 11-18-50, and that death occurred at 12:57 A m., from the causes and on the date stated above.

SIGNATURE: Alan A. Dun — (Degree or title) M.D. — ADDRESS: Suburban Hosp. — DATE SIGNED: 11-18-50

23. BURIAL, CREMATION, REMOVAL (Specify): removal — DATE: 11-18-50 — NAME OF CEMETERY OR CREMATORY: — LOCATION (City, town, or county) (State):

DATE REC'D BY LOCAL REG.: 11/18/50 — REGISTRAR'S SIGNATURE: Helen Kurvash

24. FUNERAL DIRECTOR — ADDRESS: B. Danzansky & Son, 14th St. N.W., Washington D.C.

V 6699

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NOV 22 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11410

CERTIFICATE OF DEATH

Reg. Dist. No. 217

1. PLACE OF DEATH
COUNTY Montgomery
MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Olney
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS The Montgomery County General Hospital Inc.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland
COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville, Md.
STREET ADDRESS (If rural, give location) RFD#3

3. NAME OF DECEASED (Type or Print) (First) Lucy (Middle) M (Last) Pleasants

4. DATE OF DEATH (Month) 11 (Day) 20 (Year) 1950

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH 8/26/96

9. AGE last birthday 54 yrs.
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Secretary-Virginia Trust Co., Richmond, Va. (retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Randolph R. Pleasants

14. MOTHER'S MAIDEN NAME Annie H. Thompson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service)

16. SOCIAL SECURITY No. ?

17. INFORMANT AND ADDRESS Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Uraemia	5 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic Interstitial Nephritis	3 years
	(c)	

592X
131b

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —

(CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/11, 19 48, to 11/20, 19 50 that I last saw the deceased alive on 11/19, 19 50, and that death occurred at 7:00 ?m., from the causes and on the date stated above.

SIGNATURE (Degree or title) J. M. Bell M.D. ADDRESS Sandy Spring, Montgr DATE SIGNED 11/20/50

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF Nov. 22, 1950

NAME OF CEMETERY OR CREMATORY Presbyterian Chapel Cemetery

LOCATION (City, town, or county) (State) Scottsville, Va.

DATE REC'D BY LOCAL REG. 11-21-50

REGISTRAR'S SIGNATURE Gertrude B. Fowler

24. FUNERAL DIRECTOR ADDRESS Warner E. Pumphrey, Silver Spring, Md.

23680

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11411
Reg. Dist. No. 223-

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park — LENGTH OF STAY (in this place) 15
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium & Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland — COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Springs
STREET ADDRESS (If rural, give location) 305 Windsor St.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Anna	Sarah	Frangle	11	9	50

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
F	Caucasian	Widow	2-16-68	82 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Chicago Illinois	USA.

13. FATHER'S NAME: Henery Schnirthan

14. MOTHER'S MAIDEN NAME: Baker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Hospital Record

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Coronary Thrombosis & Terminal	4 Mos
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Pulmonary Edema Advanced Arteriosclerosis	20 yrs
(c) Diabetes Mellitus	20 yrs
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	

260 X
61

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from May, 1939, to Nov. 9, 1950, that I last saw the deceased alive on 11-9-50, 19..., and that death occurred at 9:58 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Kenneth L. Laughlin M.D. — ADDRESS 8252 Georgia Ave Silver Spring Md — DATE SIGNED 11-9-50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Nov 11-1950	Ft. Lincoln	Bladensburg Md - PG County

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11/9/50	J. Fulton Dodd	J. Arthur Nailor	1754 Eastern Ave Takoma Park D.C.

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NOV 11 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 223 11412

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Montgom — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Rockville md — LENGTH OF STAY (in this place) 2 from
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Rockville Md
STREET ADDRESS — (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) MARIA (Middle) L (Last) PRIEST

4. DATE OF DEATH: (Month) NOV (Day) 26 (Year) 1950 — 1.30 PM

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: NOV 23 1865

9. AGE last birthday: 85 yrs. — If under 1 year: Months — Days — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Weston W. Va

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Cardenia Priest

14. MOTHER'S MAIDEN NAME: Armadia Larence

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): —

16. SOCIAL SECURITY NO.: —

17. INFORMANT AND ADDRESS: Sam F. Priest Rockville Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary occlusion	24 hours
420.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 93d	(b) Arteriosclerotic heart disease	10 years.
	(c) Hypertension	10 years.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION: none — 19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): none — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1950, to Nov 26, 1950, that I last saw the deceased alive on 6 Nov., 1950, and that death occurred at 1:30 p.m., from the causes and on the date stated above.

SIGNATURE: John G. Fawcett (Degree or title) M.D. — ADDRESS: Boyds, Md — DATE SIGNED: 29 Nov 50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Nov 30 1950 — NAME OF CEMETERY OR CREMATORY: Valley View — LOCATION (City, town, or county) (State): Rockville Va

DATE REC'D BY LOCAL REG. 11/29/50 — REGISTRAR'S SIGNATURE: Peggy U. Veazey

24. FUNERAL DIRECTOR — ADDRESS: Roy W. Barber Rockville Md

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BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11413

Reg. Dist. No. 215

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda (rural) — LENGTH OF STAY (in this place) 186 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Tennessee — COUNTY Shelby
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Memphis
STREET ADDRESS (If rural, give location) 264 Eastview St.,

3. NAME OF DECEASED (Type or Print): (First) Jack (Middle) Louis (Last) PROCTOR

4. DATE OF DEATH: (Month) November (Day) 11 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Oct 14, 1922

9. AGE last birthday: 28 yrs. — If under 1 year: Months / Days 28 — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): U.S. Navy

10b. KIND OF BUSINESS OR INDUSTRY: U.S. Navy

11. BIRTHPLACE (State or foreign country): Kansas

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: George PROCTOR

14. MOTHER'S MAIDEN NAME: Phoebe GUNLOCK

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): May 42-Nov 50

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Wife: Anna Mary PROCTOR 264 Eastview St., MemphisTenn

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Generalized Hodgkins Disease — INTERVAL BETWEEN ONSET AND DEATH: 24 Months

201 X 448

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes X No

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 9, 1950, to Nov 11, 1950, that I last saw the deceased alive on Nov 11, 1950 and that death occurred at 7:05 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Thomas W. Tusing Lt (jg) MC USNR — U.S. Naval Hosp Bethesda Md — Nov 12, 1950

23. BURIAL, CREMATION, REMOVAL (Specify): Removal — DATE THEREOF: Nov 11, 1950 — NAME OF CEMETERY OR CREMATORY: — LOCATION (City, town, or county) (State): Memphis Tennessee

DATE REC'D BY LOCAL REG.: Nov 11, 1950 — REGISTRAR'S SIGNATURE: Edwin Covington

24. FUNERAL DIRECTOR: W.W.CHAMBERS — ADDRESS: 3072 M St.N.W. Wash DC

60896

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NOV 14 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11414

CERTIFICATE OF DEATH

Reg. Dist. No. 218

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Montgomer; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Germantown; LENGTH OF STAY (in this place) All Life; HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Montgom; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Germantown RFD; STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED (Type or Print): (First) HERSEY; (Middle) J; (Last) RICHTER

4. DATE OF DEATH: (Month) NOV; (Day) 10; (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: May 28-1871

9. AGE last birthday: 79 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Merchant

10b. KIND OF BUSINESS OR INDUSTRY: Owned Store

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Ernest H Richter

14. MOTHER'S MAIDEN NAME: Mary Nichols

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): — (If yes, give war or dates of service): —

16. SOCIAL SECURITY NO. — —

17. INFORMANT AND ADDRESS: Mary C Richter Germantown Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Tuberculosis — Interval Between Onset and Death: 10 years

002X

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) —

1315

(c) —

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from —, 19—, to Nov 10, 1950, that I last saw the deceased alive on Nov 9, 1950, and that death occurred at 11:15 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

W. C. Miller, M.D. J-Brothers, Gaithersburg, Md 11-13-50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: Nov 14 1950 — NAME OF CEMETERY OR CREMATORY: Nelsville Md — LOCATION (City, town, or county) (State): Montgomery Co Md

DATE REC'D BY LOCAL REG.: Nov 13, 1950 — REGISTRAR'S SIGNATURE: Absalom L. Cooke — 24. FUNERAL DIRECTOR: Roy W. Barber — ADDRESS: Laytonsville Md

15160

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NOV 15 1950
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11415

CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montgomery — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: CHEVY CHASE
LENGTH OF STAY (in this place): 17 YRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chevy Chase
STREET ADDRESS (If rural give location): 5506 Grove, Street.

3. NAME OF DECEASED (Type or Print): (First) HARRIET (Middle) M (Last) ROBINSON

4. DATE OF DEATH (Month) (Day) (Year): 11/14/50 19

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: June 1, 1857

9. AGE last birthday: 93 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): TOLEDO, OHIO

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John B. Breymann

14. MOTHER'S MAIDEN NAME: Jane Sellars

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Mr. John B. Astell - Son.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cholecystitis — INTERVAL BETWEEN ONSET AND DEATH: 10 days

585.X 93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Myocarditis — 5 years

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct, 19 34, to Nov 14, 19 50, that I last saw the deceased alive on Nov 14, 19 50, and that death occurred at 5:30 P m., from the causes and on the date stated above.

SIGNATURE: Edgr Snowden MD (Degree or title) — ADDRESS: 1712 21st nw Washington DC — DATE SIGNED: Nov 14 50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Nov 16/50 — NAME OF CEMETERY OR CREMATORY: CEDAR HILL — LOCATION (City, town, or county) (State): SUITLAND, MARYLAND

DATE REC'D BY LOCAL REG.: 11-16-50 — REGISTRAR'S SIGNATURE: Helen Kurvach.

24. FUNERAL DIRECTOR — ADDRESS: Joseph Gawler's Sons, Washington, D.C

VS. A15

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BUREAU T. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11416

CERTIFICATE OF DEATH

Reg. Dist. No. 215

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda, Rural
LENGTH OF STAY (in this place) 5½ hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Virginia — COUNTY Alexandria
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Alexandria, Fairhaven
STREET ADDRESS (If rural, give location) 21 Massey Court

3. NAME OF DECEASED (Type or Print): (First) (none) (Middle) (none) (Last) ROSS

4. DATE OF DEATH: (Month) November (Day) 15 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Nov 15, 1950

9. AGE last birthday: 00 yrs. If under 1 year: Months 00 Days 00 If under 24 hrs.: Hours 5 Min. 30

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): - - - - - -

10b. KIND OF BUSINESS OR INDUSTRY: - - - - - -

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Wilbur A. ROSS

14. MOTHER'S MAIDEN NAME: Frances Alberta DAVIS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service) - - - -

16. SOCIAL SECURITY NO. - - - - - -

17. INFORMANT AND ADDRESS: Mother: Frances A. ROSS

18. MEDICAL CERTIFICATION: Same as item # 2

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Prematurity - 20 weeks gestation

761.5 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 760 (b) Premature rupture of membranes 2 days

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 15, 1950 to Nov 15, 1950, that I last saw the deceased alive on Nov 15, 1950, and that death occurred at 9:17 Am., from the causes and on the date stated above.

SIGNATURE L. M. HARRIS, CAPT, MC, USN (Degree or title) — ADDRESS U.S. NAVAL HOSPITAL — DATE SIGNED November 16, 1950

23. BURIAL, CREMATION, REMOVAL (Specify): Disposition — DATE THEREOF: Nov 16, 1950 — NAME OF CEMETERY OR CREMATORY: USN Medical School — LOCATION (City, town, or county) (State): Bethesda, Maryland.

DATE REC'D BY LOCAL REG.: Nov 16, 1950 — REGISTRAR'S SIGNATURE: Edna Lukettington

24. FUNERAL DIRECTOR — ADDRESS: None

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11417

216

Reg. Dist. No. ~~XXXX~~

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
LENGTH OF STAY (in this place) 4 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Thurmont
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Morris (Middle) Lincoln (Last) Rouzer

4. DATE OF DEATH (Month) 11 (Day) 14 (Year) 1950

5. SEX male

6. COLOR OR RACE white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed

8. DATE OF BIRTH 12-4-1866

9. AGE last birthday 83 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired

10b. KIND OF BUSINESS OR INDUSTRY Postmaster

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John Rouzer

14. MOTHER'S MAIDEN NAME Emma Kate Parrish

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS Mrs Helen Sneed 107 Wooten Ave. Chevy Chase Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	Cerebral Arteriosclerosis	6 weeks
334 x Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	Congestive Heart Failure	1 week
93d	(c)	General Arteriosclerosis	5 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 10, 1950, to Nov 14, 1950, that I last saw the deceased alive on Nov 14, 1950, and that death occurred at 12:15 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

[signature] M.D. 3066 Ont. N.W. Wash. D.C.

23. BURIAL, CREMATION REMOVAL (Specify)

DATE THEREOF Nov. 16 1950

NAME OF CEMETERY OR CREMATORY U. B. Cemetery

LOCATION (City, town, or county) (State) Thurmont - Md.

DATE REC'D BY LOCAL REG. Nov. 16, 1950

REGISTRAR'S SIGNATURE ~~HELEN KURVACK, XXXXXXXX~~ Helen Kurvack

24. FUNERAL DIRECTOR M. K. Creager & Son ADDRESS Thurmont - Md.

13495

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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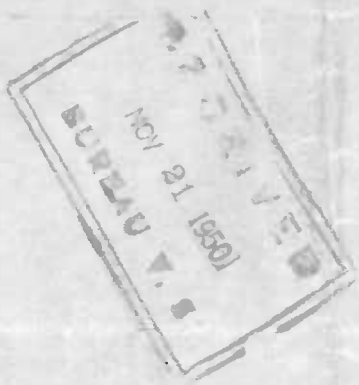

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11418

CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH — COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: | LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Suburban Hospital Bethesda, 14, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Mont.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring, Md.
STREET ADDRESS (If rural, give location): 9309 Worth Ave.

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) Edward (Last) Saul

4. DATE OF DEATH: (Month) Nov. (Day) 27 (Year) 1950

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: 4-21-78

9. AGE last birthday: 72 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Engineer (Stationary)

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Washington, D.C.

12. CITIZEN OF WHAT COUNTRY? Am.

13. FATHER'S NAME: Albert Saul

14. MOTHER'S MAIDEN NAME: Otalie Schmidt Naomi

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no | (If year, give war or dates of service):

16. SOCIAL SECURITY NO.: 578-07-1906

17. INFORMANT AND ADDRESS: Mrs. / Hollis 9305 Colesville Rd.-Silver Spg. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Thrombosis, suspected	1 day
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive Arteriosclerotic Heart Disease	undetermined
	(c) Generalized arteriosclerosis	undetermined

443x
93d

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-21, 1950, to 11-27, 1950, that I last saw the deceased alive on 11-27, 1950, and that death occurred at 3:15 P.M., from the causes and on the date stated above.

SIGNATURE: [signature] (Degree or title) ADDRESS: Colesville Md. DATE SIGNED: 27 Nov 1950

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: 11/30/50 | NAME OF CEMETERY OR CREMATORY: Ft. Lincoln Cemetery | LOCATION (City, town, or county) (State): Prince Geo. County, Maryland

DATE REC'D BY LOCAL REG. 12-2-50 | REGISTRAR'S SIGNATURE: Helen Kennedy

24. FUNERAL DIRECTOR: Warner E. Pumphrey ADDRESS: 8434 Ga. Ave. Silver Spring, Maryland

VS-A15

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DEC 8 1950

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11419

Reg. Dist. No. 216

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Bethesda maryland MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN | LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Home 7821 - Bradley Blvd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
STREET ADDRESS (If rural give location) 7821 Bradley Blvd

3. NAME OF DECEASED (Type or Print): (First) Sarah (Middle) (Last) Scharf.

4. DATE OF DEATH: (Month) Nov. (Day) 2 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: MAY - 28 - 1942

9. AGE last birthday: 8 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Garfield Hospital-DC

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: George L.S. Scharf

14. MOTHER'S MAIDEN NAME: MilDreD Green

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Father

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) acute myeloid Leukemia — approximately

204.1 Antecedent cause(s)

7401 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Respiratory failure — 5 m/c

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) Bethesda | (COUNTY) maryland | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Both - [illegible] 10/7/50 - 11/2, 19 50, that I last saw the deceased alive on 11/2, 19 50, and that death occurred at 11:50 P m., from the causes and on the date stated above.

SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED

C. Francis Scalera M.D. 3547 Chesapeake St. N.W. Wash. DC

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE 11/4/50 | NAME OF CEMETERY OR CREMATORY Rock Creek | LOCATION (City, town, or county) DC (State)

DATE REC'D BY LOCAL REG. 11-3-50 | REGISTRAR'S SIGNATURE Helen Runnels

24. FUNERAL DIRECTOR Harry L Blye | ADDRESS 1009 H St. N.W.

RECEIVED
NOV 6 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

11420

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 223-

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park; LENGTH OF STAY (in this place) 9 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium & Hospital Takoma Park - Md -

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Springs.
STREET ADDRESS (If rural, give location) 416 Ellsworth Drive.

3. NAME OF DECEASED (Type or Print): (First) Sally; (Middle) Ethelwin; (Last) Sexton

4. DATE OF DEATH: (Month) 11; (Day) 28; (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 10-30-92

9. AGE last birthday: 58 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY: Housewife

11. BIRTHPLACE (State or foreign country): New Britain Conn.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Smith

14. MOTHER'S MAIDEN NAME: Annie Rea.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Hospital Records.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Cardiac Failure

493X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Pneumonia, Cause Undetermined

109 (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-16, 1950, to 11-28, 1950, that I last saw the deceased alive on 11-28, 1950, and that death occurred at 3:15 a. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Dean H. Harding M.D. 113 Carroll St. N.W. Wash. D.C. 11-28-50

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: 11/30/50

NAME OF CEMETERY OR CREMATORY: Rock Creek Cemetery

LOCATION (City, town, or county) (State): Washington, D. C.

DATE REC'D BY LOCAL REG. 12/1/50.

REGISTRAR'S SIGNATURE: J. Allison Dodd

24. FUNERAL DIRECTOR: Warren E. Pumphrey; ADDRESS: 8434 Ga. Ave. Silver Spring Maryland

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BUREAU U. S.

Evidance for change of age shown on:

FILM No. G 12 NOV 16 1950

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11421

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH: COUNTY 100 Mont. Co MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN So Kenia Park Md
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 100 Baltimore Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kensington
STREET ADDRESS (If rural, give location) 225 - Maple Ave

3. NAME OF DECEASED (Type or Print) (First) Thomas (Middle) (Last) Scrivener

4. DATE OF DEATH (Month) Nov - (Day) 4 (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widower
8. DATE OF BIRTH 12/19/1869
9. AGE last birthday 80 yrs. If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bookkeeper
10b. KIND OF BUSINESS OR INDUSTRY So. Railway
11. BIRTHPLACE (State or foreign country) Washington DC
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Frank Scrivener
14. MOTHER'S MAIDEN NAME Julia Ann Johnston

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Mrs. Julia Robertson (daughter)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cardio-respiratory failure.	24 hrs.
334X Antecedent cause(s)	(b) Cerebral ischemia	3 weeks.
97 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Cerebral arteriosclerosis, marked.	10 years.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Uremia, mild. ~~No~~

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 8, 1950, to Nov. 3, 1950, that I last saw the deceased alive on Nov. 3, 1950, and that death occurred at 12 45 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Thomas G. H. Hindman, M.D.
ADDRESS 6 W. Washington St., Kensington, Md
DATE SIGNED NOV 4 1950

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 11/7/50
NAME OF CEMETERY OR CREMATORY Bethel Cem.
LOCATION (City, town, or county) Alexandria Va (State)

DATE REC'D BY LOCAL REG. 11/4/50
REGISTRAR'S SIGNATURE J. H. Ann Dodd
24. FUNERAL DIRECTOR J. W. McLee Sons Co
ADDRESS 300 4th St Wash. D.C. NE

26497

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11422

CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda; LENGTH OF STAY (in this place) 1 week
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) # 2 Forrest Grove Dr

3. NAME OF DECEASED (Type or Print): (First) Evelyn (Middle) Coffren (Last) Self
4. DATE OF DEATH: (Month) Nov. (Day) 29 (Year) 1950

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): ~~Div~~ Wid
8. DATE OF BIRTH: Nov 15 1906
9. AGE last birthday: 44 yrs. | If under 1 year: Months. | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk typist
10b. KIND OF BUSINESS OR INDUSTRY: U. S. State Dept
11. BIRTHPLACE (State or foreign country): Upper Marlboro Md
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Francis Hevette Coffren
14. MOTHER'S MAIDEN NAME: Mary Frances Dunphy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS: # 2 Forrest Grove Dr Silver Spring Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cirrhosis of liver — 1 year

581.0 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 1260 (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 18, 1950, to Nov 29, 1950, that I last saw the deceased alive on Nov 29, 1950, and that death occurred at 12 00 Noon m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Joseph P. Kennick	MD	7942 Wisconsin Ave, Bethesda, Md.	11/29/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	Dec. 2, 1950	Trinity Cemetery	D.C. Upper Marlboro Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
11-29-50	Helen Kunrach	The S. H. Hines Co

26697 2901 14th St N.W.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11423

CERTIFICATE OF DEATH

Reg. Dist. No. 213

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville, Rural | LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Ashley Avenue, Linwood Pk

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Mont.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville - Rural
STREET ADDRESS (If rural give location) Ashley Avenue, Linwood Park

3. NAME OF DECEASED (Type or Print): (First) LeRoy (Middle) (Last) Sewell -
4. DATE OF DEATH: (Month) 11 (Day) 1 (Year) 1950

5. SEX: Male
6. COLOR OR RACE: Colored -
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married -
8. DATE OF BIRTH: May 31, 1913
9. AGE last birthday: 37 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Farm work
11. BIRTHPLACE (State or foreign country): Maryland, Montgomery Co
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Richard Sewell
14. MOTHER'S MAIDEN NAME: Bessie Dimes -

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no -
(If year, give war or dates of service)
16. SOCIAL SECURITY NO.: not known by brother
17. INFORMANT: Bessie Budd - sister -

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary tuberculosis — Interval between onset and death: 2 years -

002X Antecedent cause(s)

13b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ~ (c) ~

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION ~ | 19b. MAJOR FINDINGS OF OPERATION ~ | 20. AUTOPSY? Yes ☐ No X

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from August, 1950, to 11/1, 1950, that I last saw the deceased alive on 11/1, 1950, and that death occurred at 4:30 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
William Walsh M.D Rockville, Md - 11/1/50 -

23. BURIAL / CREMATION / REMOVAL (Specify) | DATE 11/4/1950 | NAME OF CEMETERY OR CREMATORY Quince Orchard | LOCATION (City, town, or county) (State) Quince Orchard, Md

DATE REC'D BY LOCAL REG. 11/4/50 | REGISTRAR'S SIGNATURE Peggy A Veazey - Peggy E. Ricketts | 24. FUNERAL DIRECTOR Robert L. Saunders | ADDRESS Rockville, Md

866 VD

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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

11424

Reg. Dist. No. 214

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS RFD #2

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) RFD #2

3. NAME OF DECEASED (Type or Print): (First) Hugh (Middle) B (Last) Shinn

4. DATE OF DEATH: (Month) Nov (Day) 28 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Dec. 5, 1873

9. AGE last birthday: 76 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Wholesale Grocer (Own business)

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Lumberport, West Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Luther Patrick Shinn

14. MOTHER'S MAIDEN NAME: Virginia Bogges

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT: Mr. H. Sherwood Shinn-son

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary occlusion	sudden death.
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 9da	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) Frank J. Bosshart M.D. — ADDRESS Gaithersburg Md — DATE SIGNED 11-29-50

23. BURIAL, CREMATION, REMOVAL (Specify) Trans. & Burial — DATE THEREOF 12/1/50 — NAME OF CEMETERY OR CREMATORY Elliott Cemetery — LOCATION (City, town, or county) (State) Belington, Barbour Co., W.Va.

DATE REC'D BY LOCAL REG. 11/29/50 — REGISTRAR'S SIGNATURE Frances Potter

24. FUNERAL DIRECTOR Warner E. Pumphrey — ADDRESS 8434 Ga. Ave., Silver Spring Maryland

15661

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11425

Reg. Dist. No. 223-

1. PLACE OF DEATH:

County Montgomery

City or town Tokoma Park
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred: 906 Erie Ave

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md County Montgomery

City or town Tokoma Park
(If outside city or town limits, write RURAL and give nearest town)

Street No. 906- Erie Ave
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME ELLA SIGEL

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	white	Married

6.(b) Name of husband or wife Hyman Sigel

B.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) ~~Unknown~~ About 1884

8. AGE: Years	Months	Days	If less than one day
66?			..... hrs. ..... min.

9. Birthplace Poland
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Louis
13. Birthplace Poland

MOTHER
14. Maiden name Sadye
15. Birthplace Poland

16. Informant Melvin Levy
Address 906- Erie Ave

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof Nov. 15 1950
(month) (day) (year)

Cemetery or crematory National Capital Hebrew Cem.

Location Washington D.C.

18. Funeral director B Danzansky & Son
Address 3501- 14th St N.W. Wash. D.C.

19. 11/14/50 19
(Date rec'd by registrar)
[signature] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/14 1950 at 11:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 1947 19 to Nov. 1950 and that I last saw her alive on 11/13 1950

Immediate cause of death Heart failure

Due to Coronary Artery Disease

Due to Arteriosclerosis

Other conditions Pneumonia

420.1
940
(Include pregnancy within 8 months of death)

DURATION: about 4 yrs.

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Sanford J. Randall M.D.
M. D. or other

Address 7730 Eastern Ave. N.W. Date signed 11/14/50

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11426

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4814 Home Westway Dr.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crestview
STREET ADDRESS (If rural, give location) 4814 Westway Dr.

3. NAME OF DECEASED (Type or Print) (First) TERESA (Middle) HENRY (Last) SPEIDEL

4. DATE OF DEATH (Month) Nov. (Day) 20, (Year) 1950 19

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH 29Sept.1892
9. AGE last birthday 58 yrs. If under 1 year Months 1 Days 21 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Own home
11. BIRTHPLACE (State or foreign country) Washington, D.C.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Samuel R. Henry
14. MOTHER'S MAIDEN NAME Grace Hunt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS Samuel J. Henry - 6617 Winnett Rd. Chevy Chase, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Leiomyosarcoma with generalized Metastases

197X

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

47d

(c)

INTERVAL BETWEEN ONSET AND DEATH: 10 years

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 8/30/48
19b. MAJOR FINDINGS OF OPERATION Metastatic Tumor of Lung
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 21, 1949, to Nov 20, 1950, that I last saw the deceased alive on Nov 16, 1950, and that death occurred at 12 10 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Theodore J. Plenne Rey
ADDRESS 1834 Eye St. N.W. Wash. D.C.
DATE SIGNED 11/20/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial-Transit
DATE THEREOF 23Nov.1950
NAME OF CEMETERY OR CREMATORY Cave Hill Cemetery
LOCATION (City, town, or county) (State) Jefferson Co, Kentucky

DATE REC'D BY LOCAL REG. 11-20-50
REGISTRAR'S SIGNATURE Helen Kurvach
24. FUNERAL DIRECTOR Robert A. Humphrey
ADDRESS Bethesda, Md.

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NOV 25 1950

11427

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 2-17

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montgomery; STATE MARYLAND
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN: Ashton
LENGTH OF STAY (in this place): 78
HOSPITAL OR INSTITUTION OR STREET ADDRESS: —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Montgomery; COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ashton
STREET ADDRESS (If rural, give location): —

3. NAME OF DECEASED (Type or Print): (First) Maurice (Middle) Janney (Last) STABLER

4. DATE OF DEATH: (Month) Nov. (Day) 2 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 3-12-1880

9. AGE last birthday: 70 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farmer-farm owner/Agriculture

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? U.S

13. FATHER'S NAME: Phillip Thomas Stabler

14. MOTHER'S MAIDEN NAME: Cornelia Nichols

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: —

17. INFORMANT: Mrs. M. J. Stabler

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause (a)	Gastro-intestinal hemorrhage	12 hours
543X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 123 (b)	Malnutrition	4 months
(c)	Hypertrophic Gastritis.	2 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: —

(CITY OR TOWN) (COUNTY) (STATE): —

TIME OF INJURY (Month) (Day) (Year) (Hour): —

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 1948, to Nov 2, 1950, that I last saw the deceased alive on Nov. 2, 1950, and that death occurred at 3:50 P.m., from the causes and on the date stated above.

SIGNATURE: Richard A. Yates (Degree or title): M D ADDRESS: Olney, Md. DATE SIGNED: 11/2/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: Nov 4 1950 | NAME OF CEMETERY OR CREMATORY: Woodside Cemetery | LOCATION (City, town, or county): Brinklow (State): Md.

DATE REC'D BY LOCAL REG.: 11-2-50 | REGISTRAR'S SIGNATURE: Gertrude B Lawler

24. FUNERAL DIRECTOR: Warner E. Pumphrey. ADDRESS: Silver Spring Md.

VS. A15

Dr. Hartzen
11428

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 217

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN OTNEY
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS The Montgomery County General Hospital Inc.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Barbara (Middle) Lee (Last) Stem Twin #2
4. DATE OF DEATH (Month) Nov. (Day) 21 (Year) 1950
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 11/20/50
9. AGE last birthday yrs. If under 1 year Months Days If under 24 hrs. Hours 10 Min. 40
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) —
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Wesley Stem
14. MOTHER'S MAIDEN NAME Mildred Glenn
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Prematurity

776X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

159 (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-20, 1950, to 11-21, 1950, that I last saw the deceased alive on 11-20, 1950, and that death occurred at 5:05 A m., from the causes and on the date stated above.

SIGNATURE J. W. Hartzen (Degree or title) M.D. ADDRESS Sykesville DATE SIGNED 11-21-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 11-22-1950
NAME OF CEMETERY ~~OR CREMATORY~~ Ebenezer
LOCATION (City, town, or county) Carroll Co. (State) Md.

DATE REC'D BY LOCAL REG. 11-21-50
REGISTRAR'S SIGNATURE Gertrude B Lawler
24. FUNERAL DIRECTOR J. M. Waltz, ADDRESS Winfield Md.

21X200222311

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
NOV 27 1950

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11429

CERTIFICATE OF DEATH

Reg. Dist. No. 217

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Olney
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS The Montgomery County General Hospital Inc.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY ~~Howard~~ Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Linda (Middle) Lee (Last) Stem (Lewin)
4. DATE OF DEATH (Month) November (Day) 22 (Year) 1950
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 11/20/50
9. AGE last birthday yrs. If under 1 year Months Days If under 24 hrs. Hours Min. 11 49
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none
10b. KIND OF BUSINESS OR INDUSTRY none
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Wesley Stem
14. MOTHER'S MAIDEN NAME Mildred Glenn
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Prematurity

776X

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

159

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-20, 1950, to 11-22, 1950, that I last saw the deceased alive on 11-21, 1950, and that death occurred at 5:15 a.m., from the causes and on the date stated above.

SIGNATURE J. W. Hertzen (Degree or title) M. D. ADDRESS Sykesville DATE SIGNED 11-22-50

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL
DATE THEREOF 11-22-1950
NAME OF CEMETERY ~~OR CREMATORY~~ Ebenezer
LOCATION (City, town, or county) Carroll Co. (State) Md.
DATE REC'D BY LOCAL REG. 11-22-50
REGISTRAR'S SIGNATURE Gertrude B Lawler
24. FUNERAL DIRECTOR C. M. Waltz ADDRESS Winfield Md.

21 X 200221311

RECEIVED
NOV 27 1950

11430

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
LENGTH OF STAY (in this place) July 1949
HOSPITAL OR INSTITUTION OR STREET ADDRESS 10,000 Georgia Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Mtg
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sil Spring
STREET ADDRESS (If rural, give location) 10,000 Geo Ave

3. NAME OF DECEASED (Type or Print) (First) Ettie (Middle) L. (Last) Stevenson
4. DATE OF DEATH (Month) Nov. (Day) 23 (Year) 1950

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH ~~11/24/50~~ 11-14-1879
9. AGE last birthday 71 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homemfo
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) New York
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Oscar Van Valson
14. MOTHER'S MAIDEN NAME Jane MacElray

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Horace L Stevenson, Son

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	Myocarditis	DK
422.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	Arteriosclerosis	DK
93d	(c)		

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from July 1, 1948, to Nov 23 1950, that I last saw the deceased alive on Nov 23, 1950, and that death occurred at 2:15 p m., from the causes and on the date stated above.

SIGNATURE C. W. Tulow (Degree or title) MD ADDRESS 3781 Alvin St NW DATE SIGNED 11/23/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 11/25/50
NAME OF CEMETERY OR CREMATORY Ft Lincoln Cemetery
LOCATION (City, town, or county) P. Geo Cty (State) Md

DATE REC'D BY LOCAL REG. 11/24/50
REGISTRAR'S SIGNATURE Frances Potter
24. FUNERAL DIRECTOR THE S. H. HINES CO ADDRESS 2901 14TH ST NW WASH. DC

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
NOV 27 1950
BUREAU OF S

11431

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 212

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY Montgomery — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dickerson — LENGTH OF STAY (in this place) 70 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md. — COUNTY Montg.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dickerson
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) William (Middle) Samuel (Last) Swank

4. DATE OF DEATH: (Month) 11 (Day) 23 (Year) 1950

5. SEX: M

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: Jan. 5-1879

9. AGE last birthday: 71 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: own farm

11. BIRTHPLACE (State or foreign country): Lovettsville, Va.

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: John I. Swank

14. MOTHER'S MAIDEN NAME: Eva Shorts

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 220-09-6478

17. INFORMANT: Roy Swank

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebro-vascular Accident.	3 days.
331X 83 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Malignant Hypertension	10 year
	(c) Arteriosclerosis	10 year
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Rt. Hemiplegia (Previous C.V.A)	5 years

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1950, to 23 Nov, 1950, that I last saw the deceased alive on 23 Nov, 1950, and that death occurred at 4 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Gordon M Smith	M. D.	Barnesville	24 Nov. 50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	11/26/50	Monocacy	Beallsville Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11/25/50	Mrs. C. C. Hilton By Mrs. W.B.H.	William B. Hilton	Barnesville Md.

VS. A15

RECEIVED
DEC 4 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11432

CERTIFICATE OF DEATH

Reg. Dist. No. 213

1. PLACE OF DEATH — COUNTY: Monty — Marylander Nursing Home — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Germantown Md — LENGTH OF STAY (in this place): —
HOSPITAL OR INSTITUTION OR STREET ADDRESS: —

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Jessup Blair — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Springs Md.
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): LAURA - WENONA - SWEET NAM

4. DATE OF DEATH (Month) (Day) (Year): 11 23 1950

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Aug. 28, 1859

9. AGE last birthday: 91 yrs. — If under 1 year: Months. Days — If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Beallsville Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: William H Belt

14. MOTHER'S MAIDEN NAME: Joanna Perice

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): No

16. SOCIAL SECURITY No.: none

17. INFORMANT: Louis A Yost Jr.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) HYDROSTATIC PNEUMONIA — 3 DAYS

450.0 Antecedent cause(s)

97 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ARTERIOSCLEROSIS — 15 years

(c) ADVANCED AGE

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify): none

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.: —

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from MARCH, 1950, to 23 NOV, 1950, that I last saw the deceased alive on 22 NOV, 1950, and that death occurred at 10 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John S. Fawcett M.D. Boyds 23 Nov. 1950

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE: 11/25/50

NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State): Glenwood Cemetery Wash, D.C.

DATE REC'D BY LOCAL REG.: 11/23/50

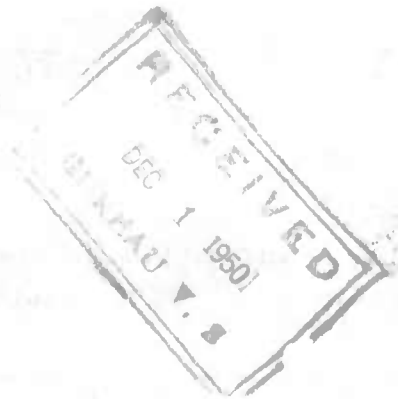
REGISTRAR'S SIGNATURE: Peggy N. Veazey, Per. Sgt. Burchett

24. FUNERAL DIRECTOR: W.W. Chambers Co — ADDRESS: 1400 Chapin St N.W.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15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DEC 1 1950
U.S.

MARYLAND STATE DEPARTMENT OF HEALTH 11433

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (In this place) 30 min
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Monty
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
STREET ADDRESS (If rural give location) 4803 Wellington St. Drive

3. NAME OF DECEASED (Type or Print) (First) FLORENCE (Middle) G. (Last) TERRETT
4. DATE OF DEATH (Month) Nov (Day) 3 (Year) 1950

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 7 March 1907
9. AGE last birthday 43 yrs. If under 1 year Months 7 Days 26 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (State or foreign country) New York
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Lewis LaBrosse
14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 578-20-6946
17. INFORMANT Thomas V. Terrett

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hemorrhage due to bullet wound thru skull — 50 min.

976X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

164c (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☒ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) home (CITY OR TOWN) Chevy Chase (COUNTY) Monty (STATE) Md
TIME OF INJURY (Month) Nov (Day) 2 (Year) 50-11.25 (Hour) 8 p.m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Self inflicted

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.*

SIGNATURE Frank J. Broschart M.D. (Degree or title) ADDRESS Gaithersburg Md DATE SIGNED 11-3-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 7 Nov. 1950
NAME OF CEMETERY OR CREMATORY Arlington National
LOCATION (City, town, or county) Arlington, Virginia (State)

DATE REC'D BY LOCAL REG. 10-4-50
REGISTRAR'S SIGNATURE Helen Kurvach
24. FUNERAL DIRECTOR Robert H. Humphrey ADDRESS Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
NOV 8 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11434

CERTIFICATE OF DEATH

Reg. Dist. No. 2/60

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Home- 4710 Rosedale Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
STREET ADDRESS (If rural, give location) 4710 Rosedale Ave.

3. NAME OF DECEASED (Type or Print): (First) ANGELA (Middle) (Last) TROPEA

4. DATE OF DEATH: (Month) Nov. (Day) 30, (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 30Jan.1857

9. AGE last birthday: 93 yrs.

If under 1 year: Months 10 Days 27 — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Italy

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Joseph Delia

14. MOTHER'S MAIDEN NAME: Carmela Desanto

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Raffaela Torcasio 4710 Rosedale Ave. Bethesda, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Congestive heart failure	1 mo
420.1 Antecedent cause(s) 93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis	? years
	(c) Chronic Coronary insufficiency	? years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Simple senile dementia	? years

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): None

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 15, 1950, to Nov 30, 1950, that I last saw the deceased alive on Nov 24, 1950, and that death occurred at 7:45 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) John Logan M.D. ADDRESS 6001 Nevada Av NW Wash 15, DC DATE SIGNED Dec 1-1950

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF Dec. 1950 — NAME OF CEMETERY OR CREMATORY: Cedar Hill — LOCATION (City, town, or county) (State): Prince George Co., Md.

DATE REC'D BY LOCAL REG. 12-2-50 — REGISTRAR'S SIGNATURE Helen Curnock

24. FUNERAL DIRECTOR: Robert A. Pumphrey — ADDRESS: Bethesda, Md.

RECEIVED
DEC 6 1960
JUNEAU, ALASKA

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11435

CERTIFICATE OF DEATH

Reg. Dist. No. 2-17

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Olney; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS The Montgomery County General Hospital Inc.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sandy Spring; STREET ADDRESS (If rural, give location) none

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) C (Last) Tumbleson

4. DATE OF DEATH: (Month) 11 (Day) 30 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 8/31/1878

9. AGE last birthday: 72 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Physician

10b. KIND OF BUSINESS OR INDUSTRY: General Practice

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William W. Tumbleson

14. MOTHER'S MAIDEN NAME: Ella J. Cumming

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Metastic carcinoma lungs.	1 month
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypernephroma, r. kidney	?
180X 520	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/1, 1947, to 11/30, 1950, that I last saw the deceased alive on 11/29 1950, and that death occurred at 1:50 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Charles W. Tingley MD Sandy Spring MD 11/30/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 12/2/50

NAME OF CEMETERY OR CREMATORY: Friend's Cemetery

LOCATION (City, town, or county) (State): Sandy Spring, Maryland

DATE REC'D BY LOCAL REG. 12-5-50

REGISTRAR'S SIGNATURE: Gertrude B Fowler

24. FUNERAL DIRECTOR: Warner E. Pumphrey ADDRESS: 8434 Ga. Ave., Silver Spring Maryland

V3292

RECEIVED
DEC 11 1950
BUREAU V. S

11436

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 218

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda LENGTH OF STAY (in this place) 3 days, 10 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital 8600 Old Georgetown Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda
STREET ADDRESS (If rural, give location) 5612 Wisconsin Ave

3. NAME OF DECEASED (Type or Print) (First) William (Middle) (Last) Van Ness

4. DATE OF DEATH (Month) 11 (Day) 3 (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Tiny
8. DATE OF BIRTH June 23 1876
9. AGE last birthday 74 yrs. If under 1 year Months 4 Days 3 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shipping & Storage
10b. KIND OF BUSINESS OR INDUSTRY Retired
11. BIRTHPLACE (State or foreign country) Emporia, Kansas.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Burgen Van Ness.
14. MOTHER'S MAIDEN NAME Liza Spencer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
350x	Immediate cause	(a) Pneumothorax, + Empyema, right chest	2 mos?
107	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Pneumonia, broncho, bronchiectasis rt. lower lobe	6 mos
		(c) Paralysis Agitans	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. arteriosclerosis, Generalized

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —
(CITY OR TOWN) — (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 31 Oct, 1950, to 3 Nov, 1950, that I last saw the deceased alive on 3 Nov, 1950, and that death occurred at 10:45 P.m., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) M.D. ADDRESS 1 Winston Drive, Bethesda, Md DATE SIGNED 6 Nov 50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 11/7/50
NAME OF CEMETERY OR CREMATORY County Home Cemetery
LOCATION (City, town, or county) Rockville (State) Md

DATE REC'D BY LOCAL REG. Nov. 7, 1950
REGISTRAR'S SIGNATURE Alnida G. Cooke
24. FUNERAL DIRECTOR E. C. Gartner ADDRESS Gaithersburg Md

49650

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

RECEIVED
NOV 9 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11437

CERTIFICATE OF DEATH

Reg. Dist. No. 215

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda, Rural; LENGTH OF STAY (in this place) 2½ days; HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE District of Columbia; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington; STREET ADDRESS (If rural, give location) 2743 Woodley Place, N.W.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
Patricia	Anne	VAUGHAN	November 23, 1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Single	Nov 20, 1950	00 yrs.	00	02	18	24

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
- - - - -	- - - -	Maryland	US

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William M. VAUGHAN	Kathryn Alice PARISH

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
NO - - - -	- - - - - - -	Mother: Kathryn A. VAUGHAN

18. MEDICAL CERTIFICATION — Same as item # 2

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Erythroblastosis foetalis	
770.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	
161c (c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes X No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Nov 20, 1950, to Nov 23, 1950, that I last saw the deceased alive on Nov 23, 1950, and that death occurred at 12:30 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
J. G. Hebble, III	CDR, MC, USN	U.S. NAVAL HOSPITAL	November 23, 1950

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Nov. 27, 1950	Arlington National	Arlington, Virginia

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Nov 23, 1950	Elsie Whittington	W. W. Chambers, 3400 Chaplin Street, N.W., Washington, D.C.	

20X100 252 302

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NOV 27 1950
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11438

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda, Rural
LENGTH OF STAY (in this place) 7 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
STREET ADDRESS (If rural, give location) 4 Primrose Street

3. NAME OF DECEASED (Type or Print): (First) Mary; (Middle) Green; (Last) VINSON
4. DATE OF DEATH: (Month) November (Day) 16 (Year) 1950

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Sept 19, 1887
9. AGE last birthday: 63 yrs. If under 1 year: Months 01 Days 28 If under 24 hrs.: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: - - - - -
11. BIRTHPLACE (State or foreign country): Ohio
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Frank GREEN
14. MOTHER'S MAIDEN NAME: Anna SHILLING

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) - - -
16. SOCIAL SECURITY NO. - - - - - - - - -
17. INFORMANT AND ADDRESS: Husband: Carl VINSON

18. MEDICAL CERTIFICATION: Same as item # 2

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) CEREBRAL THROMBOSIS	2 hrs.
290.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 830	(b) RHEUMATOID ARTHRITIS	20 yrs.
	(c) PERNICIOUS ANEMIA	30 yrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. HYPERTENSION — 1 week

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 10, 1950, to Nov 16, 1950, that I last saw the deceased alive on Nov 16, 1950, and that death occurred at 11:30 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
E. V. JOBE, CAPT, MC, USN U.S. NAVAL HOSPITAL November 16, 1950

23. BURIAL, CREMATION, REMOVAL (Specify): Removal
DATE THEREOF: Nov 16, 1950
NAME OF CEMETERY OR CREMATORY
LOCATION (City, town, or county) (State): Milledgeville, Georgia

DATE REC'D BY LOCAL REG.: Nov 16, 1950
REGISTRAR'S SIGNATURE: Edith Robertson
24. FUNERAL DIRECTOR ADDRESS: R. A. Pumphrey, 7557 Wisconsin Avenue, Bethesda, Maryland.

RECEIVED
NOV 17 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

11439

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 215

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda, Rural
LENGTH OF STAY (in this place) 6 mo 26 da
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Ann Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
STREET ADDRESS (If rural, give location) 269 Hanover Street

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) Samuel (Last) WALSH

4. DATE OF DEATH: (Month) November (Day) 21 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Apr 14, 1901

9. AGE last birthday: 49 yrs. If under 1 year: Months 07 Days 08 If under 24 hrs.: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Officer

10b. KIND OF BUSINESS OR INDUSTRY: U.S. Navy

11. BIRTHPLACE (State or foreign country): District of Columbia

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Charles WALSH

14. MOTHER'S MAIDEN NAME: Linda PUMPHREY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) WW II

16. SOCIAL SECURITY NO. - - - - - - -

17. INFORMANT AND ADDRESS: Wife: Ann G. WALSH

18. MEDICAL CERTIFICATION: Same as item # 2

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Multiple Myeloma — Interval Between Onset and Death: 17 mos

203X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

55e (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr 26, 1950 to Nov 21, 1950, that I last saw the deceased alive on Nov 21, 1950, and that death occurred at 1:05 Am., from the causes and on the date stated above.

SIGNATURE? E. V. Jobe (Degree or title) CAPTAIN, MC, USN ADDRESS U.S. NAVAL HOSPITAL DATE SIGNED November 21, 1950

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Nov 24, 1950 — NAME OF CEMETERY OR CREMATORY: USN Academy Cemetery — LOCATION (City, town, or county) (State): Annapolis, Maryland

DATE REC'D BY LOCAL REG. Nov 21, 1950

REGISTRAR'S SIGNATURE Edwin Covington

24. FUNERAL DIRECTOR ADDRESS: Wastler Funeral Home, 301 East Capitol Street, Washington, D.C.

R. N. Howes

68896

RECEIVED
NOV 24 1950
BUREAU OF S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11449

CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda; STREET ADDRESS (If rural, give location) 6101 River Road

3. NAME OF DECEASED (Type or Print): (First) Elijah (Middle) (Last) Washington

4. DATE OF DEATH: (Month) Nov (Day) 25 (Year) 1950

5. SEX: M

6. COLOR OR RACE: Co

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: 12-25-1881

9. AGE last birthday: 68 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Stone quarry

10b. KIND OF BUSINESS OR INDUSTRY: Laborer

11. BIRTHPLACE (State or foreign country): Montgomery Co Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Edward Washington

14. MOTHER'S MAIDEN NAME: Mary Jane Beaner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: 578-48-2562 579-03-7408

17. INFORMANT AND ADDRESS: Laura Washington (wife) address same

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral thrombosis — Interval Between Onset and Death: 6 days

Antecedent cause(s) 332X 831 — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Generalized arteriosclerosis — Interval Between Onset and Death: undetermined

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 20, 1950, to Nov 25, 1950, that I last saw the deceased alive on Nov 25, 1950, and that death occurred at .....m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Walter W. Walsh — Rockville 11/30/50

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE 11/30/50 | NAME OF CEMETERY OR CREMATORY Hasty | LOCATION (City, town, or county) (State) Rockville, Md

DATE REC'D BY LOCAL REG. 11-30-50 | REGISTRAR'S SIGNATURE Helen Kurreck. | 24. FUNERAL DIRECTOR Robert L. Snowden | ADDRESS Rockville Md

988 52

RECEIVED
DEC 4 1950
WILKEAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

11441

Reg. Dist. No. 214

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Linden
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montg.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Linden
STREET ADDRESS (If rural give location) Silver Spring

3. NAME OF DECEASED (Type or Print): (First) Eleanor (Middle) (Last) Watkins
4. DATE OF DEATH: (Month) Nov (Day) 18 (Year) 1950

5. SEX: Female
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH: May 12, 1896
9. AGE last birthday: 54 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Maryland.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Willis
14. MOTHER'S MAIDEN NAME: Louise Branison

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: William T. Watkins

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

420.1 **Immediate cause** (a) Coronary occlusion — sudden death.

94a **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Fred J. Broschart M.D. Gaithersburg Md 11-18-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 11/21/1950
NAME OF CEMETERY OR CREMATORY Good Hope,
LOCATION (City, town, or county) (State) Colesville Md

DATE REC'D BY LOCAL REG. 11/20/50
REGISTRAR'S SIGNATURE Frances Potter
24. FUNERAL DIRECTOR Robt. L. Snowden ADDRESS Rockville, Md

RECEIVED
NOV 24 1950

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11442

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 211

1. PLACE OF DEATH · COUNTY: Montgomery MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Monrovia, R.F.D. LENGTH OF STAY (in this place): 2 years	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Monrovia R.F.D.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: — Near Purdum	STREET ADDRESS (If rural, give location): Near Purdum

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): Sylvester Watkins			4. DATE OF DEATH (Month) (Day) (Year): November 2 1950	
5. SEX: Male	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married	8. DATE OF BIRTH: Dec 7. 1869	9. AGE last birthday: 80 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): LABOR ON	10b. KIND OF BUSINESS OR INDUSTRY: FARM	11. BIRTHPLACE (State or foreign country): Montgomery Co Md	12. CITIZEN OF WHAT COUNTRY? USA.	
13. FATHER'S NAME: JEREMIAH WATKINS		14. MOTHER'S MAIDEN NAME: ANN WILSON MOXLEY		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): — (If year, give war or dates of service)	16. SOCIAL SECURITY No.: —	17. INFORMANT AND ADDRESS: Rudy E Watkins Mt City Md		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Myocardial insufficiency with auricular fibrillation (terminal)	1 wk.
442 X Antecedent cause(s)		
131 a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cardio-vascular-renal disease.	10 years.
	(c) Generalized arteriosclerosis.	?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —	19b. MAJOR FINDINGS OF OPERATION: —	20. AUTOPSY? Yes ☐ No ☑
21. ACCIDENT SUICIDE HOMICIDE (Specify): —	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): —	(CITY OR TOWN) — (COUNTY) — (STATE) —
TIME OF INJURY (Month) (Day) (Year) (Hour): — m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Feb., 1950, to Nov. 2, 1950, that I last saw the deceased alive on Nov. 2, 1950, and that death occurred at 9:45 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
M. McKendree Boyer	M.D.	Damascus, Maryland.	Nov. 2, 1950

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burrial	Nov 5 1950	Montgomery	Clagettsville Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Nov. 4, 1950	Della W. Burdette	Roy W Barber	Laytonsville Md

86600

I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
NOV 6 1950
BUREAU T. S

11443

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Montgomery; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda; LENGTH OF STAY (In this place) 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Virginia; COUNTY Arlington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Arlington
STREET ADDRESS (If rural, give location) 1436 N. Adams Street

3. NAME OF DECEASED (Type or Print): (First) Viola; (Middle) B.; (Last) Whallon
4. DATE OF DEATH: (Month) Nov; (Day) 27; (Year) 1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Widowed	Oct. 10, 1867	83 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Texas
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Charles H. Bell
14. MOTHER'S MAIDEN NAME: Nina Evan Evans

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service): NO
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Mrs. Florence Quinn

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Shock due to fracture of left hip	4 days
902.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 186a	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☒ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: home
(CITY OR TOWN): Bethesda; (COUNTY): county; (STATE): md
TIME OF INJURY (Month) (Day) (Year) (Hour): Nov 23 50 P. m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Fell from chair at brother home

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title): Frank J. Brockhurst M.D. ADDRESS: Gaithersburg md DATE SIGNED: 11-27-50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: Nov. 29/50
NAME OF CEMETERY OR CREMATORY: Oak Hill Cemetery
LOCATION (City, town, or county): Washington (State): D.C.

DATE REC'D BY LOCAL REG. 11-28-50
REGISTRAR'S SIGNATURE: Helen Kinnach
24. FUNERAL DIRECTOR: Robert A. Pumphrey ADDRESS: Bethesda, Md.

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NOV 30 1950

11444

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (in this place) 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium & Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
STREET ADDRESS (If rural, give location) 503 Tulip Ave.

3. NAME OF DECEASED (Type or Print) (First) Laura (Middle) Margaret (Last) Wilcox

4. DATE OF DEATH (Month) November (Day) 28 (Year) 1950

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH 1-21-80
9. AGE last birthday 70 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Chester, Iowa
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME George Mortimore Plummer
14. MOTHER'S MAIDEN NAME Jean Cristler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Hospital Record furnished by husband

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Hemorrhage	4 days
331X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
83a	(c) Gen Arteriosclerosis + Hypertension	3 yrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/31/, 1950, to 11/28/, 1950, that I last saw the deceased alive on 11/28/, 1950, and that death occurred at 9 P. m., from the causes and on the date stated above.

SIGNATURE Howard T Morse Md (Degree or title) ADDRESS Carroll Ave Takoma Park Md DATE SIGNED 11/28/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Dec. 1, 1950
NAME OF CEMETERY OR CREMATORY F.A. Lincoln Cem.
LOCATION (City, town, or county) (State) Blandensburg Rd at DC Line, Md.

DATE REC'D BY LOCAL REG. 11/29/50
REGISTRAR'S SIGNATURE J. Wilton Dodd
24. FUNERAL DIRECTOR Arthur S Walters ADDRESS 254 Carroll St. Takoma Park 12, D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 1 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11445

CERTIFICATE OF DEATH

Reg. Dist. No. 216

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place) 2 Mon.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5000 Bradley Blvd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
STREET ADDRESS (If rural, give location) 5000 Bradley Blvd.

3. NAME OF DECEASED (Type or Print): (First) JOSEPHINE (Middle) D. (Last) WILSON

4. DATE OF DEATH: (Month) Nov. (Day) 25, (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Divorced

8. DATE OF BIRTH: 16May1909

9. AGE last birthday: 41 yrs.

If under 1 year: Months 8; Days 9

If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Wisconsin

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Joseph F. Donahoe

14. MOTHER'S MAIDEN NAME: ? Connell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mrs Thomas Murphy 5000 Bradley Blvd. Bethesda, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Edema — Interval Between Onset and Death: 2 weeks

170X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
50 (b) Carcinoma of right Breast with metastasis — 6 months

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY —

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 10/10, 1950 to 11/24, 1950, that I last saw the deceased alive on 11/24, 1950, and that death occurred at 5 A.M., from the causes and on the date stated above.

SIGNATURE O. J. Brennan (Degree or title) ADDRESS Bethesda md. DATE SIGNED 11/27/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 28Nov.1950
NAME OF CEMETERY OR CREMATORY: St. Marys-
LOCATION (City, town, or county) (State): Rockville, Md.

DATE REC'D BY LOCAL REG. 11-27-50

REGISTRAR'S SIGNATURE: Helen Russell

24. FUNERAL DIRECTOR: Robert G. Dunphrey ADDRESS: Bethesda, Md.

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MARYLAND STATE DEPARTMENT OF HEALTH

11446

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 215

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda, Rural
LENGTH OF STAY (in this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE District of Columbia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 2400 S Street, SE

3. NAME OF DECEASED (Type or Print): (First) (none) (Middle) (none) (Last) WINFIELD
4. DATE OF DEATH: (Month) November (Day) 6, (Year) 19 50

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: Nov 6, 1950
9. AGE last birthday: 00 yrs. If under 1 year: Months 00 Days 00 If under 24 hrs.: Hours 11 Min. 30

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Robert E. WINFIELD
14. MOTHER'S MAIDEN NAME: Vera E. BROWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Father: Robert E. WINFIELD

18. MEDICAL CERTIFICATION — Same as item # 2

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Immaturity — Unknown

761.5 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 160a (b) Premature separation, placenta — Unknown

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes X No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 6, 1950, to Nov 6, 1950, that I last saw the deceased alive on Nov 6, 1950, and that death occurred at 12:23 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
L. M. HARRIS, CAPTAIN, MC, USN U.S. NAVAL HOSPITAL November 7, 1950

23. BURIAL, CREMATION, REMOVAL (Specify): Disposition
DATE THEREOF: Nov 7, 1950
NAME OF CEMETERY OR CREMATORY: US Naval Medical School
LOCATION (City, town, or county) (State): Bethesda, Maryland

DATE REC'D BY LOCAL REG.: Nov 7, 1950
REGISTRAR'S SIGNATURE: Edna Whittington
24. FUNERAL DIRECTOR: None
ADDRESS

20X06633321

NOV 13 1950

11447

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 215

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE District of Columbia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda, Rural — LENGTH OF STAY (in this place) 1 day	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Naval Hospital	STREET ADDRESS (If rural, give location) 3711 Horner Place, S.E.

3. NAME OF DECEASED (Type or Print)	(First) Rebecca	(Middle) Susan	(Last) WINKLER	4. DATE OF DEATH	(Month) November (Day) 21 (Year) 1950
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	8. DATE OF BIRTH Nov 20, 1950	9. AGE last birthday 00 yrs.	If under 1 year Months 00 Days 00 — If under 24 hrs. Hours 23 Min. 34
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY? US		
13. FATHER'S NAME Bernace L. WINKLER		14. MOTHER'S MAIDEN NAME Edna E. RHODES			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS Mother: Edna E. WINKLER			

18. MEDICAL CERTIFICATION Same as item # 2

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

762.0 Immediate cause (a) atelectasis — birth

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

161a (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☒ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 20, 1950, to Nov 21, 1950, that I last saw the deceased alive on Nov 21, 1950, and that death occurred at 2:25 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
S. J. WINTER, CDR, MC, USN		U.S. NAVAL HOSPITAL	November 22, 1950

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Nov 24, 1950	Arlington National	Arlington, Virginia

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Nov 22, 1950	Edith Whittington	R. A. Pumphrey Funeral Home, 7557 Wisconsin Avenue, Bethesda, Md.	

21Y200271425

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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NOV 27 1950
BUREAU V. S.

11448

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 215

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda, Rural
LENGTH OF STAY (in this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Anne Arundel
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Glen Burnie
STREET ADDRESS (If rural, give location) 803 Castle Road

3. NAME OF DECEASED (Type or Print) (First) Gregory (Middle) (none) (Last) ZIEGLER
4. DATE OF DEATH (Month) November (Day) 17, (Year) 1950
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Mar. 12, 1950
9. AGE last birthday 00 yrs. If under 1 year Months 08 Days 06 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) - - - - - - -
10b. KIND OF BUSINESS OR INDUSTRY - - - - - - -
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? US
13. FATHER'S NAME George F. ZIEGLER
14. MOTHER'S MAIDEN NAME Antoninette HUDAK
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) - - - -
16. SOCIAL SECURITY NO. - - - - - -
17. INFORMANT AND ADDRESS Father: George F. ZIEGLER

18. MEDICAL CERTIFICATION Same as item # 2

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Intestinal obstruction — INTERVAL BETWEEN ONSET AND DEATH 4 d.

560.4 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) diaphragmatic hernia (congenital

157g (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 16 Nov 1950
19b. MAJOR FINDINGS OF OPERATION intestinal obstruction left chest.
20. AUTOPSY? Yes X No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 16, 1950, to Nov 17, 1950, that I last saw the deceased alive on Nov 17, 1950, and that death occurred at 12:45 Am., from the causes and on the date stated above.

SIGNATURE S. J. Winter (Degree or title) ADDRESS DATE SIGNED
S. J. WINTER, CDR, MC, USN U.S. NAVAL HOSPITAL November 17, 1950

23. BURIAL, CREMATION REMOVAL (Specify) Removal
DATE THEREOF Nov 17, 1950
NAME OF CEMETERY OR CREMATORY
LOCATION (City, town, or county) (State) Annapolis, Maryland
DATE REC'D BY LOCAL REG. Nov 17, 1950
REGISTRAR'S SIGNATURE Edith Whittington
24. FUNERAL DIRECTOR B. L. Hopping ADDRESS B. L. Hopping & Son Funeral Home, Annapolis, Maryland.

20312028 2405

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

NOV 20 1980